

# **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

# UnitedHealthcare Community Plan, Inc.

NAIC Group	Code 0707 0707 NAIC Company ( (Current) (Prior)	Code <u>95467</u> Employer's ID	Number <u>38-3204052</u>
Organized under the Laws of		_, State of Domicile or Port of Ent	rry MI
Country of Domicile	United Sta	ites of America	
Licensed as business type:	Health Mainten	nance Organization	
s HMO Federally Qualified? Yes [	] No[ X]		
ncorporated/Organized	10/11/1994	Commenced Business	10/11/1994
Statutory Home Office	26957 Northwestern Highway, Suite 400	,	Southfield, MI, US 48033
	(Street and Number)	(City or 1	Town, State, Country and Zip Code)
Main Administrative Office		rn Highway, Suite 400 and Number)	
	field, MI, US 48033	_,	248-559-5656
. ,	State, Country and Zip Code)	(Are	ea Code) (Telephone Number)
	D Health Care Lane, MN006-W500 Street and Number or P.O. Box)		Minnetonka, MN, US 55343  Town, State, Country and Zip Code)
` Primary Location of Books and Recor	,	ern Highway, Suite 400	,,,
•	(Street a	and Number)	240 EEO ECEC
	field, MI, US 48033 State, Country and Zip Code)	(Are	248-559-5656 ea Code) (Telephone Number)
nternet Website Address	www.uhccor	mmunityplan.com	
Statutory Statement Contact	Erin Michelle Fauzie	,	952-979-6172
	(Name)	,	(Area Code) (Telephone Number)
	_fauzie@uhc.com E-mail Address)	_,	952-931-4651 (FAX Number)
	OFF	FICERS	
President	Dennis James Mouras	Chief Financial Officer	Carol Ann Gothard
Secretary	Eric Jacob Wexler	Treasurer	Peter Marshall Gill #
Nyle Brent Cottington, Vio		THER Lang, Assistant Secretary	
Tracy Lynn David		OR TRUSTEES Ann Mandell	Ellen Rae Sexton
State of County of	State of County of		State of County of
Journey of			County of
above, all of the herein described as that this statement, together with reliabilities and of the condition and at and have been completed in accord law may differ; or, (2) that state rule information, knowledge and belief, r with the NAIC, when required, that i	sets were the absolute property of the said report ated exhibits, schedules and explanations therein fairs of the said reporting entity as of the reporting ance with the NAIC Annual Statement Instructions s or regulations require differences in reporting no	ting entity, free and clear from any contained, annexed or referred to g period stated above, and of its into an Accounting Practices and Proti related to accounting practices a station by the described officers als	come and deductions therefrom for the period ended, rocedures manual except to the extent that: (1) state and procedures, according to the best of their so includes the related corresponding electronic filing
Dennis James Mouras		ob Wexler	Carol Ann Gothard
President	Sec	retary	Chief Financial Officer
Subscribed and sworn to before me	this Subscribed and sworr	n to before me this	Subscribed and sworn to before me this
day of	day of		day of
		a. Is this an original fill b. If no,	ing? Yes[X] No[]
		,	ndment number

Date filed......
 Number of pages attached.....

# **ASSETS**

			Current Year		Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1.	Bonds (Schedule D)				
2.	Stocks (Schedule D):				
۷.	2.1 Preferred stocks	0	0	0	0
	2.2 Common stocks			0	
3.	Mortgage loans on real estate (Schedule B):				
J.	3.1 First liens	0	0	0	0
	3.2 Other than first liens.				
4.	Real estate (Schedule A):				
٠.	4.1 Properties occupied by the company (less \$				
	encumbrances)	0	L0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$				
	encumbrances)	0	0	0	0
_		0		0	0
5.	Cash (\$(1,406,100), Schedule E - Part 1), cash equivalents				
	(\$39,441,520 , Schedule E - Part 2) and short-term	100 004 400		100 004 400	400 450 000
	investments (\$				
	Contract loans, (including \$				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.		191,023,002		191,023,002	224,073,311
13.	Title plants less \$	0			0
44	Investment income due and accrued				
14.		1,012,931		1,012,901	
15.	Premiums and considerations:  15.1 Uncollected premiums and agents' balances in the course of collection	A7 20A 266	206 660	47 177 706	9 126 024
		47 ,304 ,300	200,000	47, 177,700	0, 120,024
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0  earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$101,423 ) and	0	0	0	0
	contracts subject to redetermination (\$11,271,284 )	11.372.707	0	11.372.707	12.821.024
16.	Reinsurance:	11,072,707		11,572,707	12,021,024
10.	16.1 Amounts recoverable from reinsurers	1 700	0	1,709	177 //79
	16.2 Funds held by or deposited with reinsured companies			,	0
	16.3 Other amounts receivable under reinsurance contracts				0
17.	Amounts receivable relating to uninsured plans				4.583
	Current federal and foreign income tax recoverable and interest thereon		0	,	0
	Net deferred tax asset		0	868,302	1,402,379
19.	Guaranty funds receivable or on deposit		0	0	1, 102,010
20.	Electronic data processing equipment and software				0
21.	Furniture and equipment, including health care delivery assets				
' -	(\$	n	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
23.	Receivables from parent, subsidiaries and affiliates		0		0
24.	Health care (\$6,648,815 ) and other amounts receivable				8,234,479
25.	Aggregate write-ins for other than invested assets		245		680,511
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	264,544,706	3,609,820	260,934,886	257,217,884
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	264,544,706	3,609,820	260,934,886	257,217,884
20.	DETAILS OF WRITE-INS	204,044,700	3,009,620	200,304,000	201,211,004
4404					
1101.					
1102.				<b>†</b>	
1103.	Cumpany of compining with ine feet ine 44 from grandless and	0	^	1	^
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)				<u> </u>
2501.	State Tax Recoverable		0	499,608	680,511
2502.	Miscellaneous Receivables		245	0	0
2503.				<del> </del>	
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	499,853	245	499,608	680,511

# **LIABILITIES, CAPITAL AND SURPLUS**

	LIABILITIES, CAPI		Current Year	<u>'</u>	Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$1,207,667 reinsurance ceded)			65,542,391	
2.	Accrued medical incentive pool and bonus amounts		0		
3.	Unpaid claims adjustment expenses.			721,150	
4.	Aggregate health policy reserves, including the liability of	721, 100		721,100	
٦.	\$176,451 for medical loss ratio rebate per the Public				
	Health Service Act	176 //51	0	176 /51	901 000
_					
5.	Aggregate life policy reserves.				0
6.	Property/casualty unearned premium reserves.				0
7.	Aggregate health claim reserves			1,452,652	
8.	Premiums received in advance			2,208,388	
9.	General expenses due or accrued	16,944,280	0	16,944,280	5,443,551
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$0 on realized capital gains (losses))				1,832,062
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable			0	165,602
12.	Amounts withheld or retained for the account of others	0	0	0	0
13.	Remittances and items not allocated.	535 , 436	0	535,436	325,224
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates.			0	
16.	Derivatives.			0	,
17.	Payable for securities.		0		
18.	Payable for securities lending			0	
					0
19.	Funds held under reinsurance treaties (with \$0				
	authorized reinsurers, \$0 unauthorized				•
	reinsurers and \$0 certified reinsurers)	0	0	0	0
20.	Reinsurance in unauthorized and certified (\$0 )				
	companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans	30,500,780	0	30,500,780	2,744,494
23.	Aggregate write-ins for other liabilities (including \$140,347				
	current)	140,347	0	140,347	297,368
24.	Total liabilities (Lines 1 to 23)	129,676,959	0	129,676,959	132,430,745
25.	Aggregate write-ins for special surplus funds	xxx	XXX	0	22,711,510
26.	Common capital stock				
27.	Preferred capital stock				0
28.	Gross paid in and contributed surplus.				56.003.392
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds.				
	Unassigned funds (surplus)				
31.					40,072,237
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				_
	\$	XXX	XXX	0	0
	32.20 shares preferred (value included in Line 27				
	\$0 <u>)</u>				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	131,257,927	124,787,139
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	260,934,886	257,217,884
	DETAILS OF WRITE-INS				
2301.	Unclaimed Property	140,347	0	140,347	297,368
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0 [	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	140,347	0	140,347	297,368
2501.		,-	XXX	,	•
	SOCIAL SO				
2598.					
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	22,711,510
			XXX		
3002.					
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	xxx	XXX	0	0
	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

# **STATEMENT OF REVENUE AND EXPENSES**

	<u> </u>	Currer	Prior Year	
		1 Uncovered	2 Total	3 Total
1.	Member Months.			3,102,953
2.	Net premium income ( including \$0 non-health premium income)	xxx	872,268,076	1,055,056,265
3.	Change in unearned premium reserves and reserve for rate credits	xxx	(75,029)	9,024,638
4.	Fee-for-service (net of \$	xxx	0	0
5.	Risk revenue	xxx	0	0
6.	Aggregate write-ins for other health care related revenues	xxx	0	0
7.	Aggregate write-ins for other non-health revenues	xxx	0	0
8.	Total revenues (Lines 2 to 7)	xxx	872, 193, 047	1,064,080,903
	Hospital and Medical:			
9.	Hospital/medical benefits			
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			46,928,842
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)	0	695,491,676	936,569,527
17.	Less: Net reinsurance recoveries	0	8 656 674	4 505 656
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$25,554,259 cost containment expenses			
21.	General administrative expenses			59,246,819
22.	Increase in reserves for life and accident and health contracts (including \$			
	increase in reserves for life only)	0	(901.000)	901.000
23.	Total underwriting deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$(5,034)			
27.	Net investment gains (losses) (Lines 25 plus 26)	0		3,095,756
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$(8,444) )]	0	(8,441)	(386,238)
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	35,348,745	28,250,910
31.	Federal and foreign income taxes incurred	xxx	10,208,708	9,767,226
32.	Net income (loss) (Lines 30 minus 31)	XXX	25,140,037	18,483,684
	DETAILS OF WRITE-INS			
0601.		xxx		
0602.				
0603				
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701. 0702.				
0702.				
0798.	Summary of remaining write-ins for Line 7 from overflow page			0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.				
2902.				
2903	Common of remaining write ine for Line 20 from profiler page			^
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	U	<u> </u>

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

1	STATEMENT OF REVENUE AND EXPENSES	Oontinaca	/
		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	124,787,139	122, 171, 789
34.	Net income or (loss) from Line 32	25,140,037	18,483,684
35.	Change in valuation basis of aggregate policy and claim reserves	0	0
26	Change in net unrealized capital gains (losses) less capital gains tax of \$(8)		
36.			
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		
40	Change in unauthorized and certified reinsurance		0
41.	Change in treasury stock		0
42.	Change in surplus notes		0
43.	Cumulative effect of changes in accounting principles	0	0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus.	0	0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital	0	0
46.	Dividends to stockholders	(18,000,000)	(15,000,000
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	6,470,788	2,615,350
49.	Capital and surplus end of reporting period (Line 33 plus 48)	131,257,927	124,787,139
	DETAILS OF WRITE-INS		
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0
	the state of the s	· · · · · · · · · · · · · · · · · · ·	

# **CASH FLOW**

-	0/(01112011		
		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	833,676,549	1,069,580,170
2.	Net investment income	4,843,863	3,611,781
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	838,520,412	1,073,191,951
5.	Benefit and loss related payments	715,497,707	974,760,602
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	115,635,398	104,829,466
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	10,429,611	(81,639)
10.	Total (Lines 5 through 9)	841,562,716	1,079,508,429
11.	Net cash from operations (Line 4 minus Line 10)	(3,042,304)	(6,316,478)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	17.923.328	20.280.618
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		0
	12.5 Other invested assets		0
	12.5 Other invested assets  12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		13,255,139
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	20,272,899	33,535,752
13.	Cost of investments acquired (long-term only):	40 570 004	04 000 400
	13.1 Bonds		
	13.2 Stocks		0
	13.3 Mortgage loans		0
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	9,155,000	2,350,000
	13.7 Total investments acquired (Lines 13.1 to 13.6)	27,728,331	39,663,487
14.	Net increase (decrease) in contract loans and premium notes		0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(7,455,432)	(6, 127, 735)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		(549,293)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(15,549,293)
	DECONCILIATION OF CASH CASH EQUIVALENTS AND SHOOT TEDM INVESTMENTS		
18.	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(29,825,503)	(27,993,506)
		(23,023,303)	(21,333,500)
19.	Cash, cash equivalents and short-term investments:	100 450 000	161 450 500
	19.1 Beginning of year		161,453,502
L	19.2 End of year (Line 18 plus Line 19.1)	103,634,493	133,459,996

Note: Supplemental disclosures of cash flow information for non-cash transactions:		
		1

# **ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

Performance			7 11	IAL I DID O		TITOITO D		OI DOOM		-		T
2. Net promum recome   1.0			1	2	3	4	5		7 Title	8 Title	9	10
1. Net persuant income			Total					Health	XVIII	XIX	Other Health	
2. Charge is unswerred premium reserves and reserves for risk concept.  5. Figure 1 of 15. Charge is unswerred premium reserves and reserves for risk concept.  6. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  7. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  8. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  8. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  8. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  9. Figure 1 of 15. Charge is unswerred premium reserves and reserves for the risk concept.  9. Figure 1 of 15. Charge is unswerred premium reserves and reserves and reserves for the risk concept.  9. Figure 1 of 15. Charge is unswerred for the risk	1	Not promium income			Supplement	Offity	Offig	Denents Flan			Other Health	Non-nealth
First condit   First condition   First cond	2	Change in unearned premium reserves and reserve for		242,370	ν		νυ		,400,019		ν	
Marting companies		rate credit	(75,029)	0	0	0	0	0	(75,029)	0	0	0
4. Right recension   1. Right recension   2. Righ	3.											
5		' '	0	0	0	0	0	0		0	0	
Free/more	4.		0	0	0	0	0	0	0	0	0	XXX
6. Aggregate wite-rise for other man-health care related revenues (Lines 1 of 5)	5.		0	0	0	0	0	0	0	0	0	xxx
7. Total revenues (Lines 1 to 6)	6.	Aggregate write-ins for other non-health care related	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
8. Hospitalmedical benefits	7		872 193 N47		Λ	n						0
9. Other professional services			,		ر ۱	n	ر ۱	n .				XXX
10   Outside referrals   0   9   0   9   0   0   0   0   0   0					n	n	0	0				
11   Emergency room and out of series					ر ۱	n	ر ۱	n .		, ,		
12   Prescription drugs						9	۷	0				
13   Aggregate write-ins for other hospital and medical   0   0   0   0   0   0   0   0   0					۷	ر م	۷	Δ				
14   Incentive pool, withhold adjustments and bonus amounts   5,715,244   58   0   0   0   0   5,159   6,710,046   0   XXX     15   Subtolatio (Lines 8 to 14) =				,	ν	۷	ν	0	, ,			
15   Subtolal (Lines 8 to 14)			9		۷	۷	ν			6 710 046		
16 Net reinsurance recoveries					ν	u	u			, ,		
17   Total medical and hospital (Lines 15 minus 16)		,					J		, ,	, ,		
18   Non-health claims (net)						J	u					
19   Claims adjustment expenses including   5   25.581.59   25.054.250 stort containment expenses   1.08.934.444   1.75.155   0   0   0   0   0   0   0   0   0							0		, ,	,		XXX
\$ 25.54.29 cost containment expenses			0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
20   General administrative expenses   108,934,444   (75,135)   0   0   0   0   0   783,404   108,257,39   0	19.	Claims adjustment expenses including										
21   Increase in reserves for accident and health contracts   (901,000)   0   0   0   0   0   0   0   0   0				, , , , , ,	0	0	0	0		, ,	0	0
22   Increase in reserves for life contracts	_				0	0	0	0			0	0
23. Total underwriting gain or (loss) (Line 7 to 22)					0	0	9					XXX
24   Total underwriting gain or (loss) (Line 7 minus Line 23)   32,127,318   455,223   0   0   0   0   1,134,655   30,537,440   0						T						0
DETAILS OF WRITE-INS					0	0	0	0				0
0501   0502   0503	24.		32, 127, 318	455,223	0	0	0	0	1,134,655	30,537,440	0	0
0502   0503   0598   Summary of remaining write-ins for Line 5 from overflow page   0   0   0   0   0   0   0   0   0	0501											YYY
0503   0508   Summary of remaining write-ins for Line 5 from overflow page						•						
0598.   Summary of remaining write-ins for Line 5 from overflow page						•						
O599			^	,	^	^					^	
0601	0500			٠٠	V	ر	۷	J	ا ۷	ا لا		
0602		rotais (Lines upur thru upus plus ub98) (Line 5 above)	0	0	0	0	· ·	U	· ·	0	*	XXX
0603.												
0698. Summary of remaining write-ins for Line 6 from overflow page												
page         0         XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.         Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)         0         XXX         XXX <t< td=""><td>0698.</td><td></td><td>•</td><td>VVVV</td><td>VVV</td><td>VVV</td><td>VVV</td><td>VOO</td><td>VVV</td><td>V/V/</td><td>VVV</td><td>_</td></t<>	0698.		•	VVVV	VVV	VVV	VVV	VOO	VVV	V/V/	VVV	_
1301.	0000		0									0
1302.		rotais (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1303.							-					
1398. Summary of remaining write-ins for Line 13 from overflow page							<b></b>	-				
overflow page							<b>-</b>	+				XXX
	1398.		0	0	0	0	0	0	0	0	0	xxx
	1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

# UNDERWRITING AND INVESTMENT EXHIBIT PART 1 - PREMIUMS

PART 1 - PREMIUMS										
	1	2	3	4						
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)						
Comprehensive (hospital and medical)	242,378	0	0	242,378						
2. Medicare Supplement	0	0	0	0						
3. Dental only	0	0	0	0						
4. Vision only	0	0	0	0						
5. Federal Employees Health Benefits Plan	0	0	0	0						
6. Title XVIII - Medicare	7,435,379	0	0	7,435,379						
7. Title XIX - Medicaid	869,045,495	0	4,455,176	864,590,319						
8. Other health	0	0	0	0						
9. Health subtotal (Lines 1 through 8)	876,723,252	0	4,455,176	872,268,076						
10. Life	0	0	0	0						
11. Property/casualty	0	0	0	0						
12. Totals (Lines 9 to 11)	876,723,252	0	4,455,176	872,268,076						

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - CLAIMS INCURRED DURING THE YEAR

				PART 2 - CLA	IMS INCURRED DU	RING THE TEAR					
		1	2	3	4	5	6 Federal	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Payments during the year:		(								
	1.1 Direct	717,637,886	(62,756)	0	0	0	0	4,999,136	712,701,506	0	0
	1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	1.3 Reinsurance ceded	8,081,644	57,795	0	0	0	0	0	8.023.849	0	0
	1.4 Net	709,556,242	(120,551)	0	0	0	0	4,999,136	704,677,657	0	0
2.		5,941,464	56	0	0	0	0	5,174	5,936,234	0	0
	Claim liability December 31, current year from Part 2A:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
٠.	3.1 Direct	66,750,058	11,992	0	0	0	0	922,706	65,815,360	0	0
	3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	3.3 Reinsurance ceded	1,207,667	0	0	0	0	0	0	1,207,667	0	0
	3.4 Net	65,542,391	11,992	0	0	0	0	922,706	64,607,693	0	C
4	Claim reserve December 31, current year from Part 2D:										
	4.1 Direct	1,452,652	0	0	0	0	0	8,458	1,444,194	0	0
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
	4.4 Net	1,452,652	0	0	0	0	0	8.458	1,444,194	0	0
5.		5,748,820	0	0	0	0	0	493	5,748,327	0	
6.		(1,432,979)	477	٥	Λ	٥	n	470.569	(1,904,025)		
7.	Amounts recoverable from reinsurers December 31,	1,709	1,709		0	0	0	470,303	(1,304,023)		
•	current year	1,709	1,709			0		U			
8.		00 000 044	04 400	0	0	0	0	000 070	00 474 000	0	
	8.1 Direct	96,888,044	24 , 126	0		0	0	392,279	96,471,639		
	8.2 Reinsurance assumed	456,873	0	0		0	0		456,873		
	8.3 Reinsurance ceded		0	0	0	0	0	0			
_	8.4 Net	96,431,171	24 , 126	0		0	0	392,279	96,014,766		
9.	Claim reserve December 31, prior year from Part 2D:	1,609,151	0	0	0	0		0	1 000 151	0	
	9.1 Direct	1,609,151		0	0	0	0		1,609,151		
	9.2 Reinsurance assumed			0	0	0	0				
	9.3 Reinsurance ceded		0	0	0	0	0	0			
	9.4 Net	1,609,151		0	0	0	0		1,609,151		
10.		4,974,988	0	0	0	0	0	475	4,974,513	0	U
11.	Amounts recoverable from reinsurers December 31,	177,472	59,504	0	0	0	0	0	117,968	0	•
40	prior year	111,412	39,304	U	U	U	U	U	111,908	U	U
12.	Incurred Benefits:	600 776 000	(7E 007)	^	_	^	_	E 067 450	600 704 005	_	•
	12.1 Direct	688,776,380	(75,367)	0		0	0	5,067,452	683,784,295		
	12.2 Reinsurance assumed	U	0		ا ر	0	0		0 0.050.075	<u>0</u>  -	
	12.3 Reinsurance ceded	8,656,675	(75,007)	U	0	0	0	U F 007 450	8,656,675	0	
	12.4 Net	680,119,705	(75,367)	0	0	0	0	5,067,452	675,127,620	0	0
13.	Incurred medical incentive pools and bonuses	6,715,296	56	0	0	0	1 0	5,192	6,710,048	0	C

<sup>(</sup>a) Excludes \$ ......0 loans or advances to providers not yet expensed.

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	,	, , , , , , , , , , , , , , , , , , , ,		IS LIABILITY END						,
	1	2 Comprehensive	3 Medicare	4	5	6 Federal Employees Health	7 Title XVIII	8 Title XIX	9	10 Other
	Total	(Hospital & Medical)	Supplement	Dental Only	Vision Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
Reported in Process of Adjustment:										
1.1 Direct	9,681,157	8,960	0	0	0	0	296,271	9,375,926	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	9,681,157	8,960	0	0	0	0	296,271	9,375,926	0	0
Incurred but Unreported:										
2.1 Direct	57,037,590	3,032	0	0	0	0	595 , 124	56,439,434	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	1,207,667		0	0	0	0	0	1,207,667	0	0
2.4 Net	55,829,923	3,032	0	0	0	0	595, 124	55,231,767	0	0
Amounts Withheld from Paid Claims and Capitations:	04 044		•		2		04 044	0		0
3.1 Direct	31,311	0	0	0	0	0	31,311	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	31,311	0	0	0	0	0	31,311	0	0	0
4. TOTALS:										
4.1 Direct	66,750,058	11,992	0	0	0	0	922,706	65,815,360	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	1,207,667	0	0	0	0	0	0	1,207,667	0	0
4.4 Net	65,542,391	11,992	0	0	0	0	922,706	64,607,693	0	0

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

PART 2B - ANALYSIS OF CLAIMS UNPAID -		Ouring the Year	Claim Reserve a December 31	nd Claim Liability of Current Year	5	6
Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
				U	,	
Comprehensive (hospital and medical)	(115,261)	52,505	4,971	7,021	(110,290)	24,126
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	(58,771)	5,057,907	382,736	548,429	323,965	392,279
7 Title XIX - Medicaid	86, 157, 216	618,638,410	4,515,918	61,535,970	90,673,134	97,623,917
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	85,983,184	623,748,822	4,903,625	62,091,420	90,886,809	98,040,322
10. Healthcare receivables (a)	2,552,787	7,223,883	0	275,060	2,552,787	11,484,709
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	5,894,288	47 , 175	0	5,748,820	5,894,288	4,974,989
13. Totals (Lines 9 - 10 + 11 + 12)	89,324,685	616,572,114	4,903,625	67,565,180	94,228,310	91,530,602

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

		Cumulative Net Amounts Paid						
		1	2	3	4	5		
	Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1.	Prior	318	325	325	325	326		
2.	2014	3,224	3,686	3,685	3,685	3,686		
3.	2015	XXX	12,314	13,694	13,612	13,430		
4.	2016	XXX	XXX	7,871	8,515	8,525		
5.	2017	XXX	XXX	XXX	0	0		
6.	2018	XXX	XXX	XXX	XXX	53		

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year						
	1 2 3 4						
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1. Prior	424	325	325	325	326		
2. 2014	3,345	3,690	3,685	3,685	3,686		
3. 2015	XXX	14,742	13,699	13,612	13,430		
4. 2016	XXX	XXX	9, 167	8,540	8,525		
5. 2017	XXX	XXX	XXX	0	5		
6. 2018	XXX	XXX	XXX	XXX	60		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2014	7,302	3,686	976	26.5	4,662	63.8	0	0	4,662	63.8
2.	2015	17,663	13,430	97	0.7	13,527	76.6	0	0	13,527	76.6
3.	2016	13,692	8,525	591	6.9	9,116	66.6	0	0	9,116	66.6
4.	2017	929	0	1	0.0	1	0.1	5	0	6	0.6
5.	2018	242	53	11	20.8	64	26.4	7	0	71	29.3

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

	Cumulative Net Amounts Paid							
	1	2	3	4	5			
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018			
1. Prior	7,844	7,939	7,939	7,932	7,928			
2. 2014	61,091	67,063	67,084	66,512	66,455			
3. 2015	XXX	0	0	0	0			
4. 2016	XXX	XXX	0	0	0			
5. 2017	XXX	XXX	XXX	0	0			
6. 2018	XXX	XXX	XXX	XXX	5,063			

#### Section B - Incurred Health Claims - Title XVIII

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year						
	1 2 3 4						
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1. Prior	8,024	7,939	7,939	7,930	7,928		
2. 2014	70,145	67,078	67,084	66,512	66,455		
3. 2015	XXX	0	(363)	0	0		
4. 2016	XXX	XXX	0	393	0		
5. 2017	XXX	XXX	XXX	0	383		
6. 2018	XXX	XXX	XXX	XXX	5,612		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2014		66,455	1,228	1.8	67,683	88.0	0	0	67,683	88.0
2. 2015	140	0	73	0.0	73	52.1	0	0	73	52.1
3. 2016	(26)	0	0	0.0	0	0.0	0	0	0	0.0
4. 2017	334	0	38	0.0	38	11.4	383	3	424	126.9
5. 2018	7,360	5,063	341	6.7	5,404	73.4	549	3	5,956	80.9

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XIX

	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1. Prior	83,131	85,887	88,281	85,017	87,544		
2. 2014	735,480	827,573	845,371	844,481	847,422		
3. 2015	XXX	825,110	913,859	911,110	909,430		
4. 2016	XXX	XXX	868,846	995,646	1,001,304		
5. 2017	xxx	XXX	XXX	854,884	937,369		
6. 2018	XXX	XXX	XXX	XXX	618,680		

#### Section B - Incurred Health Claims - Title XIX

	Sum of Cumulative No	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse:  Outstanding at End of Year						
Year in Which Losses Were Incurred	1 2014	1 2 3 4 2014 2015 2016 2017						
1. Prior	87,705	85,887	88,281	85,017	2018 87,544			
2. 2014	842,957	828,512	845,370	844,481	847,422			
3. 2015	XXX	959,543	921,082	911,110	909,430			
4. 2016	xxx	XXX	1,006,522	1,009,320	1,001,304			
5. 2017	xxx	XXX	XXX	943,808	941,885			
6. 2018	XXX	XXX	XXX	XXX	685,965			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2014	1,004,861	847,422	41,799	4.9		88.5	0	0	889,221	88.5
2. 2015	1,216,761	909,430	46,933	5.2	956,363	78.6	0	0	956,363	78.6
3. 2016	1,228,436	1,001,304	50,639	5.1	1,051,943	85.6	0	0	1,051,943	85.6
4. 2017	1,062,818	937,369	46,068	4.9	983,437	92.5	4,515	45	987,997	93.0
5. 2018	864,591	618,680	37,988	6.1	656,668	76.0	67,285	670	724,623	83.8

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

			Cum	ulative Net Amounts P	aid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior		91,293	94,151	96,545	93,274	95,798
2. 2014		799,795	898,322	916,140	914,678	917,563
3. 2015		xxx	837,424	927,553	924,722	922,860
4. 2016		xxx	XXX	876,717	1,004,161	1,009,829
5. 2017		xxx	XXX	XXX	854,884	937,369
6. 2018		XXX	XXX	XXX	XXX	623,796

#### Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year						
	1 2 3 4						
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1. Prior	96,153	94,151	96,545	93,272	95,798		
2. 2014	916,447	899,280	916,139	914,678	917,563		
3. 2015	XXX	974,285	934,418	924,722	922,860		
4. 2016	XXX	XXX	1,015,689	1,018,253	1,009,829		
5. 2017	XXX	XXX	XXX	943,808	942,273		
6. 2018	XXX	XXX	XXX	XXX	691,637		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2014	1,089,079	917,563	44,003	4.8	961,566	88.3	0	0	961,566	88.3
2.	2015	1,234,564	922,860	47,103	5.1	969,963	78.6	0	0	969,963	78.6
3.	2016	1,242,102	1,009,829	51,230	5.1	1,061,059	85.4	0	0	1,061,059	85.4
4.	2017	1,064,081	937,369	46,107	4.9	983,476	92.4	4,903	48	988,427	92.9
5.	2018	872, 193	623,796	38,340	6.1	662,136	75.9	67,841	673	730,650	83.8

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	PART 2D - A	<u>GGREGATE RESER</u>	VE FOR ACCIDENT	<u> </u>	NTRACTS ONLY				
	1	2 Comprehensive	3 Medicare	4	5	6 Federal Employees Health	7 Title XVIII	8 Title XIX	9
	Total	(Hospital & Medical)	Supplement	Dental Only	Vision Only	Benefits Plan	Medicare	Medicaid	Other
Unearned premium reserves	0	0	0	0	0	0	0	0	0
Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
Reserve for rate credits or experience rating refunds (including									
\$0 ) for investment income	176,451	0	0	0	0	0	176,451	0	0
Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	176,451	0	0	0	0	0	176,451	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	176,451	0	0	0	0	0	176,451	0	0
Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	1,452,652	0	0	0	0	0	8,458	1,444,194	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	1,452,652	0	0	0	0	0	8,458	1,444,194	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	1,452,652	0	0	0	0	0	8,458	1,444,194	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ \_\_\_\_\_\_0 premium deficiency reserve.

# **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

			YSIS OF EXPENSE			
		Claim Adjustme 1 Cost Containment Expenses	ent Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1.	Rent (\$0 for occupancy of	·	·	·		
	own building)	730,873	598,847	1,933,581	0	3,263,301
2.	Salary, wages and other benefits	·	·			58,119,128
3.	Commissions (less \$0	,,,,,	, , , ,	, ,		, ,
	ceded plus \$0 assumed)	0	0	265,276	0	265.276
4.	Legal fees and expenses		121,519	•	0	•
5.	Certifications and accreditation fees			0		
6.	Auditing, actuarial and other consulting services			3,956,292		
7.	Traveling expenses		328,866	1,061,857		
8.	Marketing and advertising		630,789	2,036,717		
9.	Postage, express and telephone		615,629	1,987,769		
10.	Printing and office supplies		669,996	2,166,931		
11.	Occupancy, depreciation and amortization		283.380	914,988		
12.	Equipment		87.529	282,618		
13.	Cost or depreciation of EDP equipment and	100,027		202,010		
10.	software	1,486,311	1,217,821	3,947,984	0	6,652,116
14.	Outsourced services including EDP, claims, and other services	1 338 904	1 108 0/1	3 036 646	0	6 384 401
15.	Boards, bureaus and association fees			56,357		
			87,043	281,047		
16.	Insurance, except on real estate		54,726	176,737		
17.	Collection and bank service charges		,			
18.	Group service and administration fees		<i>'</i>	909,291		
19.	Reimbursements by uninsured plans			(134,236)		
20.	Reimbursements from fiscal intermediaries			0		
21.	Real estate expenses		0	0		
22.	Real estate taxes	31,089	19,560	70,951	0	121,599
23.	Taxes, licenses and fees:	_	_		_	
	23.1 State and local insurance taxes			, ,	0	, ,
	23.2 State premium taxes			0		
	23.3 Regulatory authority licenses and fees			40 , 158 , 141		
	23.4 Payroll taxes	656,521	413,062	1,498,305	0	2,567,888
	23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24.	Investment expenses not included elsewhere		0	0	83,350	83,350
25.	Aggregate write-ins for expenses		1,446,287	5,106,447	0	9,749,240
26.	Total expenses incurred (Lines 1 to 25)	25,554,259	19,643,024	108,934,444	83,350	(a)154,215,077
27.	Less expenses unpaid December 31, current year		313,417			17,665,431
28.	Add expenses unpaid December 31, prior year		330,783	5,422,221		
29.	Amounts receivable relating to uninsured plans, prior year		0	0	0	0
30.	Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	25,558,294	19,660,390	97,444,453	72,612	142,735,749
	DETAILS OF WRITE-INS					
2501.	Information Technology	67,158	55,026	518,500	0	640,684
2502.	Interest	11,973	9,810	140,680	0	162,463
2503.	Managed Care & Network Access	1,048,158	9,342	30 , 169	0	1,087,669
2598.	Summary of remaining write-ins for Line 25 from overflow page	2,069,217	1,372,109	4,417,098	0	7,858,424
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25	3,196,506	1,446,287	5,106,447	0	9,749,240
a) Inclu	above)   des management fees of \$		1,440,287 0 to no		U	9,749,240

(a) Includes management fees of \$ 71,528,918 to affiliates and \$ 0 to non-affiliates.

### **EXHIBIT OF NET INVESTMENT INCOME**

			•
		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds		114,375
1.1	Bonds exempt from U.S. tax	(a)0	
1.2	Other bonds (unaffiliated)	(a)1,318,265	1,337,663
1.3	Bonds of affiliates	(a)0	
2.1	Preferred stocks (unaffiliated)	(b)0	
2.11	Preferred stocks of affiliates	(b)0	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans		0
4.	Real estate	(d)0	0
5	Contract Loans		0
6	Cash, cash equivalents and short-term investments		1,896,501
7	Derivative instruments	(f)0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income		0
10.	Total gross investment income	3,188,909	3,348,539
11.	Investment expenses		(g)83,350
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		3,261,291
0004	DETAILS OF WRITE-INS		
0901. 0902.			
0902.			
0903.	Summary of remaining write-ins for Line 9 from overflow page		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	Totals (Lines 0301 tilla 0300 plus 0330) (Line 3, above)		0
1501.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0
(a) Inclu	ides \$21,858 accrual of discount less \$420,794 amortization of premium and less \$8,7	40 paid for accrued int	erest on purchases
	ides \$	-	·
(c) Inclu	ides \$0 accrual of discount less \$0 amortization of premium and less \$	0 paid for accrued int	erest on purchases.
(d) Inclu	ides \$	cumbrances.	
(e) Inclu	ides \$373,806 accrual of discount less \$373,419 amortization of premium and less \$243,1	paid for accrued int	erest on purchases.
(f) Inclu	des \$0 accrual of discount less \$0 amortization of premium.		
(g) Inclu	ides \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding fe	ederal income taxes att	ributable to
seg	regated and Separate Accounts.	acia. moomo taxoo, att	

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

(i) Includes \$ \_\_\_\_\_0 depreciation on real estate and \$ \_\_\_\_\_0 depreciation on other invested assets.

		1	2	3	4	5
				Total Realized Capital		Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds	(8,861)	0	(8,861)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(27, 159)	(45)	(27,204)	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	(392)	0	(392)	(37)	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(36,412)	(45)	(36,457)	(37)	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,		0		0	
	above)	U	U	0	U	1 0

# **EXHIBIT OF NON-ADMITTED ASSETS**

1.		Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
	Bonds (Schedule D)	_	0	0
	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
	2.2 Common stocks		0	0
3.	Mortgage loans on real estate (Schedule B):			
0.	3.1 First liens	0	0	0
	3.2 Other than first liens.		0	0
4.	Real estate (Schedule A):			
٦.	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income		0	0
	4.3 Properties held for sale		0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments			
J.	(Schedule DA)	0	0	0
6.	Contract loans		0	0
7.	Derivatives (Schedule DB)	0	0	0
8.	Other invested assets (Schedule BA)			0
9.	Receivables for securities		0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets		0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)		0	0
	Title plants (for Title insurers only)			0
	Investment income due and accrued			
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	206.660	223.731	17.071
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination		0	0
16.	Reinsurance:			
10.	16.1 Amounts recoverable from reinsurers	0	0	0
	16.2 Funds held by or deposited with reinsured companies			0
	16.3 Other amounts receivable under reinsurance contracts		0	0
17	Amounts receivable relating to uninsured plans		724	724
	Current federal and foreign income tax recoverable and interest thereon		0	
	Net deferred tax asset		0	0
19.	Guaranty funds receivable or on deposit		0	0
20.		_	0	0
	Electronic data processing equipment and software		0	
21.				0
22.	Net adjustment in assets and liabilities due to foreign exchange rates	_	0	0
23.	Receivable from parent, subsidiaries and affiliates		0 050 000	0
24.	Health care and other amounts receivable		3,250,230	(152,685
25.	Aggregate write-ins for other than invested assets	245	0	(245
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,609,820	3,474,685	(135,135
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
28.	Total (Lines 26 and 27)	3,609,820	3,474,685	(135,135
	DETAILS OF WRITE-INS	-, -,	-, ,	, ,
1101.	· · · · · · · · · · · · · · · · · · ·			
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	n
1196.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.	Miscellaneous Receivables	245	0	(245
2502.		-		<b>1</b>
2502		-	L	
<ul><li>2503.</li><li>2598.</li></ul>	Summary of remaining write-ins for Line 25 from overflow page	0	0	0

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# **EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

			Total Members at End of			6	
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months	
Health Maintenance Organizations	254,772	245,788	253,985	254,131	249,031	3,031,529	
Provider Service Organizations	0	0	0	0	0	0	
Preferred Provider Organizations	0	0	0	0	0	0	
4. Point of Service	0	0	0	0	0	0	
5. Indemnity Only	0	0	0	0	0	0	
Aggregate write-ins for other lines of business	0	0	0	0	0	0	
7. Total	254,772	245,788	253,985	254,131	249,031	3,031,529	
DETAILS OF WRITE-INS							
0601.							
0602.							
0603.							
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0	
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0	

#### UNITEDHEALTHCARE COMMUNITY PLAN, INC.

# NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

#### Organization and Operation

UnitedHealthcare Community Plan, Inc. (the "Company"), licensed as a health maintenance organization ("HMO"), offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of AmeriChoice Corporation, ("AmeriChoice"). AmeriChoice is a wholly owned subsidiary of UnitedHealth Group Incorporated ("UnitedHealth Group"). UnitedHealth Group is a publicly held company trading on the New York Stock Exchange.

The Company was incorporated and operations commenced on October 11, 1994. The Company is certified as an HMO by the Michigan Department of Insurance and Financial Services (the "Department"). The Company has entered into contracts with physicians, hospitals, and other health care provider organizations to deliver health care services for all enrollees. The Company is licensed in the State of Michigan.

The Company offers comprehensive commercial products to employer groups. Each contract outlines the coverage provided and renewal provisions. Prior to January 1, 2017, the Company participated in the Affordable Care Act ("ACA") individual exchange market in Michigan. Effective January 1, 2017, the Company exited the ACA individual exchange market in Michigan (see Note 4).

Effective January 1, 2018, the Company has a contract with the Centers for Medicare and Medicaid Services ("CMS") to serve as a plan sponsor offering a Duals Special Needs Plan ("DSNP") product. This product is solely funded by CMS. A DSNP is a specialized type of Medicare Advantage Prescription Drug Plan ("Medicare program") that is limited to dually eligible members and provides additional Medicaid coordination and clinical programs. Under the Medicare program, there are seven separate elements of payment received by the Company either during the year or at settlement in the subsequent year. These payment elements are CMS premium, member premium, CMS low-income premium subsidy, CMS catastrophic reinsurance subsidy, CMS low-income member cost-sharing subsidy, CMS risk share, and the CMS coverage gap discount program ("CGDP"). Each component of the Medicare program is further defined throughout Note 1.

The Company has a contract with the State of Michigan, Department of Health and Human Services ("MDHHS"), to provide health care services to Medicaid beneficiaries in Michigan, which also includes adults whose income does not exceed 138% of federal poverty level as defined under the ACA and low-income or uninsured children. The Company also insures individuals under 21 with complex chronic conditions under the Children's Specialty Health Care Services as part of the Medicaid contract. The current contract is effective through December 20, 2020, and is subject to annual renewal provisions thereafter.

#### A. Accounting Practices

The statutory basis financial statements of the Company are presented on the basis of accounting practices prescribed and permitted by the Department.

The Department recognizes only statutory accounting practices, prescribed and permitted by the State of Michigan, for determining and reporting the financial condition and results of operations of an HMO, for determining its solvency under Michigan Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") in effect for the accounting periods covered in the statutory basis financial statements.

No significant differences exist between the practices prescribed or permitted by the State of Michigan and the NAIC SAP which materially affect the statutory basis net income and capital and surplus, as illustrated in the table below:

		SSAP#	F/S Page #	F/S Line #		2018	2017
Net I	ncome						
(1)	Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	\$	25,140,037	\$ 18,483,684
(2)	State prescribed practices that are an increase/(decrease) from NAIC SAP:						
(3)	Not applicable State permitted practices that are an increase/(decrease) from NAIC SAP:					-	-
	Not applicable					-	 -
(4)	NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	\$	25,140,037	\$ 18,483,684
Capi	tal and Surplus						
(5) (6)	Company state basis (Page 3, Line 33, Columns 3 & 4) State prescribed practices that are an	xxx	XXX	xxx	\$	131,257,927	\$ 124,787,139
	increase/(decrease) from NAIC SAP:						
(7)	Not applicable State permitted practices that are an increase/(decrease) from NAIC SAP:					-	-
	Not applicable				_	-	 -
(8)	NAIC SAP (5 - 6 - 7 = 8)	XXX	XXX	XXX	\$	131,257,927	\$ 124,787,139

The Department specifically requires maternity case receivables due from MDHHS to be reported in health care receivables rather than as premiums and considerations as prescribed by NAIC SAP. The Company included \$3,288,118 and \$4,469,370 of maternity case receivables as of December 31, 2018 and 2017, respectively, in health care receivables in the statutory basis statements of admitted assets, liabilities and capital and surplus. This has no impact on net income or capital and surplus for 2018 and 2017.

#### B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

The preparation of these statutory basis financial statements in conformity with the NAIC Annual Statement Instructions and the NAIC SAP include certain amounts that are based on the Company's estimates and judgments. These estimates require the Company to apply complex assumptions and judgments, often because the Company must make estimates about the effects of matters that are inherently uncertain and will change in subsequent periods. The most significant estimates relate to hospital and medical benefits, claims unpaid, aggregate health policy reserves (including medical loss ratio rebates and premium deficiency reserves) and aggregate health claim reserves, and risk adjustment estimates. The Company adjusts these estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of net income in the period in which the estimate is adjusted.

#### C. Accounting Policy

**Basis of Presentation** — The Company prepares its statutory basis financial statements on the basis of accounting practices prescribed or permitted by the Department. These statutory practices differ from accounting principles generally accepted in the United States of America ("GAAP").

Accounting policy disclosures that are required by the NAIC Annual Statement instructions are as follows:

- (1–2) Bonds and short-term investments are stated at book/adjusted carrying value if they meet NAIC designation of one or two and stated at the lower of book/adjusted carrying value or fair value if they meet an NAIC designation of three or higher. The Company does not have any mandatory convertible securities or Securities Valuation Office of the NAIC ("SVO") identified funds (i.e.: exchange traded funds or bond mutual funds) in its bond portfolio. Amortization of bond premium or accretion of discount is calculated using the constant-yield interest method. Bonds and short-term investments are valued and reported using market prices published by the SVO in accordance with the NAIC Valuation of Securities manual prepared by the SVO or an external pricing service;
- (3-4) The Company holds no common or preferred stock;
- (5) The Company holds no mortgage loans on real estate;

- (6) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors. The Company's investment policy limits investments in nonagency residential mortgage-backed securities, including home equity and sub-prime mortgages, to 10% of total cash and invested assets. Total combined investments in mortgage-backed securities and asset-backed securities cannot exceed more than 30% of total cash and invested assets;
- (7) The Company holds no investments in subsidiaries, controlled, or affiliated entities;
- (8) The Company has no investment interests with respect to joint ventures, partnerships, or limited liability companies;
- (9) The Company holds no derivatives;
- Premium deficiency reserves (inclusive of conversion reserves) and the related expenses (10)are recognized when it is probable that expected future health care expenses, claims adjustment expenses ("CAE"), direct administration costs, and an allocation of indirect administration costs under a group of existing contracts will exceed anticipated future premiums and reinsurance recoveries considered over the remaining lives of the contracts, and are recorded as aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Indirect administration costs arise from activities that are not specifically identifiable to a specific group of existing contracts, and therefore, those costs are fully allocated among the various contract groupings. The allocation of indirect administration costs to each contract grouping is made proportionately to the expected margins remaining in the premiums after future health care expenses, CAE, and direct administration costs are considered. The methods for making such estimates and for establishing the resulting reserves are periodically reviewed and updated, and any adjustments are reflected as an increase in reserves for accident and health contracts in the statutory basis statements of operations in the period in which the change in estimate is identified. The Company anticipates investment income as a factor in the premium deficiency calculation (see Note 30);
- (11) CAE are those costs expected to be incurred in connection with the adjustment and recording of accident and health claims. Pursuant to the terms of the management agreement (the "Agreement") (see Note 10), the Company pays a management fee to its affiliate, United HealthCare Services, Inc. ("UHS"), in exchange for administrative and management services. A detailed review of the administrative expenses of the Company and UHS is performed to determine the allocation between CAE and general administrative expenses ("GAE") to be reported in the statutory basis statements of operations. It is the responsibility of UHS to pay CAE in the event the Company ceases operations. The Company has recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in unpaid CAE in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Management believes the amount of the liability for unpaid CAE as of December 31, 2018 is adequate to cover the Company's cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid CAE are reflected in operating results in the period in which the change in estimate is identified;
- (12) The Company does not carry any fixed assets on the statutory basis financial statements;
- (13) Health care receivables consist of pharmacy rebates receivable estimated based on the most currently available data from the Company's claims processing systems and from data provided by the Company's affiliated pharmaceutical benefit manager, OptumRx, Inc. ("OptumRx"). Health care receivables also include capitation arrangement receivables, maternity case receivables due from MDHHS per guidance from the Department and receivables for claim overpayments to providers and other health care organizations. Health care receivables are considered nonadmitted assets under the NAIC SAP if they do not meet admissibility requirements. Accordingly, the Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 28).

The Company has also deemed the following to be significant accounting policies and/or differences between statutory practices and GAAP:

#### **ASSETS**

#### Cash and Invested Assets

- Bonds include U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities, with a maturity of greater than one year at the time of purchase;
- Certain debt investments categorized as available-for-sale or held-to-maturity under GAAP
  are presented at the lower of book/adjusted carrying value or fair value in accordance with
  the NAIC designations in the statutory basis financial statements, whereas under GAAP,
  these investments are shown at fair value or book/adjusted carrying value, respectively;
- Cash, cash equivalents, and short-term investments in the statutory basis financial statements represent cash balances and investments with original maturities of one year or less from the time of acquisition, whereas under GAAP, the corresponding caption of cash, cash equivalents, and short-term investments includes cash balances and investments that will mature in one year or less from the balance sheet date;
- Cash represents cash held by the Company in disbursement accounts and certificates of deposit with a maturity date of less than one year from acquisition. Claims and other payments are made from the disbursement accounts daily. Cash overdrafts are a result of timing differences in funding disbursement accounts for claims payments;
- Outstanding checks are required to be netted against cash balances or presented as cash overdrafts if in excess of cash balances in the statutory basis statements of admitted assets, liabilities, and capital and surplus as opposed to being presented as other liabilities under GAAP;
- Cash equivalents include money-market funds and commercial paper. Cash equivalents
  have original maturity dates of three months or less from the date of acquisition. Cash
  equivalents, excluding money-market funds, are reported at cost or book/adjusted carrying
  value depending on the nature of the underlying security, which approximates fair value.
  Money-market funds are reported at fair value or net asset value ("NAV") as a practical
  expedient;
- Short-term investments include corporate debt securities and U.S. government and agency securities. Short-term investments have a maturity of greater than three months but less than one year at the time of purchase;
- Realized capital gains and losses on sales of investments are calculated based upon specific identification of the investments sold. These gains and losses are reported as net realized capital losses in the statutory basis statements of operations;
- The Company continually monitors the difference between amortized cost and estimated fair value of its investments. If any of the Company's investments experience a decline in value that the Company has determined is other-than-temporary, or if the Company has determined it will sell a security that is in an impaired status, the Company will record a realized loss in net realized capital gains less capital gains tax in the statutory basis statements of operations. The new cost basis is not changed for subsequent recoveries in fair value. The prospective adjustment method is utilized for loan-backed securities for periods subsequent to the loss recognition. The Company recognized an other-than-temporary impairment ("OTTI") of \$45 and \$0 for the years ended December 31, 2018 and 2017, respectively;
- The statutory basis statements of cash flows reconcile cash, cash equivalents, and short-term investments with original maturities of one year or less from the time of acquisition; whereas under GAAP, pursuant to Accounting Standards Update 2016-18, Statement of Cash Flows, Restricted Cash, the statements of cash flows reconcile the corresponding captions of cash, cash equivalents and restricted cash with maturities of three months or less. Short-term investments with a final maturity of one year or less from the balance sheet date are not included in the reconciliation of GAAP cash flows. In addition, there are classification differences within the presentation of the cash flow categories between GAAP and statutory reporting. The statutory basis statements of cash flows are prepared in accordance with the NAIC Annual Statement Instructions.
- Other Invested Assets Other invested assets include low-income housing tax credit ("LIHTC") investments which are stated at book/adjusted carrying value, which approximates fair value in the statutory basis statements of admitted assets, liabilities and capital and surplus.

Receivables for Securities — The Company reports receivables for securities when
investments are sold at the end of an accounting period and proceeds are received in a
subsequent month in the statutory basis statements of admitted assets, liabilities, and
capital and surplus. Any receivables for securities not received within 15 days from the
settlement date are nonadmitted.

#### Other Assets

- Investment Income Due and Accrued Investment income earned and due as of the reporting date, in addition to investment income earned but not paid or collected until subsequent periods, is reported as investment income due and accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company evaluates the collectability of the amounts due and accrued and amounts determined to be uncollectible are written off in the period in which the determination is made. In addition, the remaining balance is assessed for admissibility and any balance greater than 90 days past due is considered a nonadmitted asset.
- Premiums and Considerations The Company reports uncollected premium balances from its insured members as premiums and considerations in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Uncollected premium balances that are over 90 days past due, with the exception of amounts due from government insured plans, are considered nonadmitted assets. In addition to those balances, current balances are also considered nonadmitted if the corresponding balance greater than 90 days past due is deemed more than inconsequential. Premiums and considerations also include the following:
  - a) CMS risk corridor receivables for which adjustments are based on whether the ultimate per member per month ("PMPM") benefit costs of any Medicare program plan varies more than 5% above the level estimated in the original bid submitted by the Company and approved by CMS (see Note 24);
  - b) CMS risk adjustment receivables. The risk adjustment model apportions premiums paid to all health plans according to the health severity and certain demographic factors of its enrollees. The CMS risk adjustment model pays more for members whose medical history indicates they have certain medical conditions. Under this risk adjustment methodology, CMS calculates the risk-adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, and physician treatment settings. The Company and health care providers collect, capture, and submit the necessary and available diagnosis data to CMS within prescribed deadlines. The Company estimates risk adjustment revenues based upon the diagnosis data submitted and expected to be submitted to CMS. The Company recognizes such changes when the amounts become determinable and supportable and collectability is reasonably assured (see Note 24);
  - c) Medicaid performance guarantee program. This performance program is based upon the Company's performance against various quality and operational measures established in the Company's contract with MDHHS which is based on a stated percentage of total direct premiums written. Premium adjustments for the Medicaid performance guarantee program are accounted for as premium adjustments subject to redetermination (see Note 24).

Premium adjustments for the CMS risk corridor programs are accounted for as premium adjustments subject to retrospectively rated features (see Note 24). Premium adjustments for the CMS risk adjustment programs are accounted for as premium adjustments subject to redetermination (see Note 24).

• Amounts Receivable Relating to Uninsured Plans — Receivables for amounts held under uninsured plans represent the costs incurred in excess of the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy and the low-income member cost-sharing subsidy for the individual members. The Company is fully reimbursed by CMS for costs incurred for these contract elements, and accordingly, there is no insurance risk to the Company. Subsidies for individual members are received monthly and are not reflected as net premium income, but rather are accounted for as deposits. If the Company incurs costs in excess of these subsidies, a corresponding receivable is recorded in amounts receivable relating to uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Related cash flows are presented within operating expenses paid within net cash used in operations in the statutory basis statements of cash flows. The Company solely administers the application of these funds and has no insurance risk.

- Net Deferred Tax Asset The NAIC SAP provides for an amount to be recorded for deferred taxes on temporary differences between the financial reporting and tax bases of assets, subject to a valuation allowance and admissibility limitations on deferred tax assets (see Note 9). In addition, under the NAIC SAP, the change in deferred tax assets is recorded directly to unassigned surplus in the statutory basis financial statements, whereas under GAAP, the change in deferred tax assets is recorded as a component of the income tax provision within the income statement and is based on the ultimate recoverability of the deferred tax assets. Based on the admissibility criteria under the NAIC SAP, any deferred tax assets determined to be nonadmitted are charged directly to surplus and excluded from the statutory basis financial statements, whereas under GAAP, such assets are included in the balance sheet.
- Receivables from Parent, Subsidiaries, and Affiliates, Net In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts due as receivables from parent, subsidiaries, and affiliates, net, in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company has excluded receivables that do not meet the admissibility criteria from the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- State Income Tax Recoverable State income tax recoverable represents amounts that
  are expected to be recovered as a result of an overpayment of estimated tax carrybacks, or
  items for which the reporting entity has authority to recover under a state regulation or
  statute.

#### **LIABILITIES**

Claims Unpaid and Aggregate Health Claim Reserves — Claims unpaid and aggregate
health claim reserves include claims processed but not yet paid, estimates for claims
received but not yet processed, estimates for the costs of health care services enrollees
have received but for which claims have not yet been submitted, and payments and
liabilities for physician, hospital, and other medical costs disputes.

The estimates for incurred but not yet reported claims are developed using an actuarial process that is consistently applied, centrally controlled, and automated. The actuarial models consider factors such as historical submission and payment data, cost trends, customer and product mix, seasonality, utilization of health care services, contracted service rates, and other relevant factors. The Company estimates such liabilities for physician, hospital, and other medical cost disputes based upon an analysis of potential outcomes, assuming a combination of litigation and settlement strategies. These estimates may change as actuarial methods change or as underlying facts upon which estimates are based change. The Company did not change actuarial methods during 2018 and 2017. Management believes the amount of claims unpaid and aggregate health claim reserves is a best estimate of the Company's liability for unpaid claims and aggregate health claim reserves as of December 31, 2018; however, actual payments may differ from those established estimates.

The reserves ceded to reinsurers for claims unpaid and have been reported as reductions of the related reserves rather than as assets, which would be required under GAAP.

The Company contracts with hospitals, physicians, and other providers of health care under capitated or discounted fee for service arrangements, including a hospital per diem to provide medical care services to enrollees. Some of these contracts are with related parties (see Note 10). Capitated providers are at risk for the cost of medical care services provided to the Company's enrollees; however, the Company is ultimately responsible for the provision of services to its enrollees should the capitated provider be unable to provide the contracted services.

• Accrued Medical Incentive Pool and Bonus Amounts — The Company has agreements with certain independent physicians and physician network organizations that provide for the establishment of a fund into which the Company places monthly premiums payable for members assigned to the physician. The Company manages the disbursement of funds from this account as well as reviews the utilization of nonprimary care medical services of members assigned to the physicians. Any surpluses in the fund are shared by the Company and the physician based upon predetermined risk-sharing percentage and the liability is included in accrued medical incentive pool and bonus amounts in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company has incentive and bonus arrangements with providers that are based on quality, utilization, and/or various health outcome measures. The estimated amount due to providers that meet the established metrics is included in accrued medical incentive pool and bonus amounts in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- Aggregate Health Policy Reserves Aggregate health policy reserves includes:
  - a) estimated rebates payable on the comprehensive commercial, Medicaid and Medicare products, if the medical loss ratios on these fully insured products, as calculated under the definitions of the ACA and/or State statutes (see Note 14) and implementing regulations, fall below certain targets. The Company is required to rebate the ratable portions of the premiums annually (see Note 24);
  - b) the estimated amount for premium deficiency reserves (see Note 30).
- **Premiums Received in Advance** Premiums received in full for the policies processed during the current period, but prior to the commencement of the service period, are recorded as premiums received in advance in the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- General Expenses Due or Accrued General expenses that are due as of the reporting
  date in addition to general expenses that have been incurred but are not due until a
  subsequent period are reported as general expenses due or accrued in the statutory basis
  statements of admitted assets, liabilities, and capital and surplus. General expenses due or
  accrued also include the amounts for unpaid assessments, state income taxes and the
  unpaid portion of the contributions required under the ACA risk adjustment and reinsurance
  programs (see Note 24).
- Current Federal Income Taxes Payable The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses, the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. A liability for federal income taxes payable is recognized when its allocated intercompany estimated payments are less than its actual calculated obligation based on the Company's stand-alone federal income tax return (see Note 9).
- Remittances and Items Not Allocated Remittances and items not allocated generally
  represent monies received from policyholders for monthly premium billings or providers that
  have not been specifically identified or applied prior to year-end. The majority is from
  monies received in the lockbox account on the last day of the year.
- Amounts Due to Parent, Subsidiaries, and Affiliates, Net In the normal course of business, the Company has various transactions with related parties (see Note 10). The Company reports any unsettled amounts owed as amounts due to parent, subsidiaries, and affiliates, net, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- Payable for Securities The Company reports payable for securities when investments
  are traded at the end of an accounting period for which the settlement does not occur until
  a subsequent period in the statutory basis statements of admitted assets, liabilities, and
  capital and surplus.
- Liability for Amounts Held Under Uninsured Plans Liability for amounts held under uninsured plans represents costs incurred that are less than the cost reimbursement under the Medicare program for the catastrophic reinsurance subsidy and the low-income member cost-sharing subsidy for the individual members. The Company is fully reimbursed by CMS for costs incurred for these contract elements, and accordingly, there is no insurance risk to the Company. Subsidies for individual members are received monthly and are not reflected as net premium income, but rather are accounted for as deposits. If the Company incurs costs less than these subsidies, a corresponding liability is recorded in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Related cash flows are presented within operating expenses paid within net cash used in operations in the statutory basis statements of cash flows. The ACA mandates consumer discounts of 50% on brand name prescription drugs for Part D plan participants in the coverage gap. These discounts are pre-funded for the individual members by CMS and a liability for the amount subject to recoupment is recorded in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Related cash flows are presented within operating expenses paid within net cash used in operations in the statutory basis statements of cash flows. The Company solely administers the application of these funds and has no insurance risk.

Liability for amounts held under uninsured plans also includes the cost reimbursements for enhanced rate payments to primary care physicians through non-risk reconciled payments under the ACA program. The enhanced rate program is in run-out as of January 1, 2015 (see Note 18).

Payments received from MDHHS include amounts due to providers participating in various MDHHS programs ("provider pass-through program"). Disbursements are passed through to the provider as directed by MDHHS. The Company assumes no risk for this arrangement. In 2017, the provider pass-through program was considered a Michigan prescribed practice and treated as a risk contract, although no risk was associated with the program. In 2018, the Department directed the Company to treat the provider pass-through program as an uninsured plan. As of December 31, 2018, the provider pass-through program liability is recorded as amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 2 and Note 18).

#### CAPITAL AND SURPLUS AND MINIMUM STATUTORY REQUIREMENTS

- Nonadmitted Assets Certain assets, including certain aged premium receivables, certain health care receivables, miscellaneous receivable and amounts receivable relating to uninsured plans, are considered nonadmitted assets under the NAIC SAP and are excluded from the statutory basis statements of admitted assets, liabilities, and capital and surplus and charged directly to unassigned surplus. Under GAAP, such assets are included in the balance sheet.
- Restricted Cash Reserves The Company held regulatory deposits in the amount of \$1,132,579 and \$1,138,868 as of December 31, 2018 and 2017, respectively, in compliance with the state requirements for qualification purposes as a domestic insurer. These restricted cash reserves consist principally of government obligations and are stated at book/adjusted carrying value, which approximates fair value. These restricted deposits are included in bonds in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Interest earned on these deposits accrues to the Company.
- **Minimum Capital and Surplus** Under the laws of the State of Michigan, the Department requires the Company to maintain a minimum capital and surplus equal to the greater of \$1,500,000; 4% of net premium; or three months of uncovered expenditures. The minimum capital and surplus requirement was \$34,887,722 and \$42,563,236, for December 31, 2018 and 2017, respectively, which was based on 4% of net premium income, as that produced the highest minimum requirement. The Company is in compliance with the required amount.

Risk-based capital ("RBC") is a regulatory tool for measuring the minimum amount of capital appropriate for a managed care organization to support its overall business operations in consideration of its size and risk profile. The Department requires the Company to maintain minimum capital and surplus equal to the greater of the state statute as outlined above, or the company action level as calculated by the RBC formula, or the level needed to avoid action pursuant to the trend test in the RBC formula. The Company is in compliance with the required amount.

• Section 9010 ACA subsequent fee year assessment — The Company is subject to the Section 9010 ACA subsequent fee year assessment. Under the NAIC SAP, an amount equal to the estimated subsequent year fee must be apportioned out of unassigned surplus and reported as Section 9010 ACA subsequent fee year assessment, in the statutory basis statements of admitted assets, liabilities, and capital and surplus, whereas under GAAP, no such special surplus designation is required. In accordance with the 2019 Health Insurer Fee ("HIF") moratorium, no HIF will be payable in 2019, therefore no amounts were apportioned out of unassigned surplus in the 2018 statutory basis statements of admitted assets, liabilities, and capital and surplus.

#### **STATEMENTS OF OPERATIONS**

• Net Premium Income and Reserve for Rate Credits — Revenues consist of net premium income that is recognized in the period in which enrollees are entitled to receive health care services. Net premium income is shown net of reinsurance premiums paid and reinsurance premiums incurred but not paid in the statutory basis statements of operations.

Comprehensive commercial health plans with medical loss ratios on fully insured products, as calculated under the definitions in the ACA (see Note 14) and implementing regulations, that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies its estimated rebates as change in reserve for rate credits in the statutory basis statements of operations.

Pursuant to Section 1343 of the ACA, the Company records premium adjustments for changes to risk adjustment balances which are reflected in net premium income in the statutory basis statements of operations.

Net premium income includes premium under the DSNP program, which includes CMS premium and CMS low-income premium subsidy for the Company's insurance risk coverage. Net premium income is recognized ratably over the period in which eligible individuals are entitled to receive health care services and prescription drug benefits.

Net premium income also includes amounts pursuant to the CMS risk adjustment program. The Company recognized \$0 and \$603,448 for changes in prior year Medicare risk factor estimates during the years ended December 31, 2018 and 2017, respectively, which is recorded as net premium income in the statutory basis statements of operations.

The Company also records estimates related to the CMS risk corridor program. Changes to these estimates are reflected as reserve for rate credits in the statutory basis statements of operations.

Medicare Advantage plans and Part D prescription drug plans are subject to medical loss ratio requirements under the ACA. Plans with medical loss ratios that fall below certain targets are required to rebate ratable portions of premiums annually. The Company classifies its estimated rebates as reserve for rate credits in the statutory basis statements of operations.

Net premium income also includes amounts paid by MDHHS on a per member basis in exchange for the provision and administration of medical benefits under the Medicaid program. Premiums are contractual and are recognized in the coverage period in which members are entitled to receive services, except in the case of maternity payments. Maternity income is billed on contractual rates and recognized as income as each birth case is identified by the Company. Included in net premium income are capitated payments and maternity payments. The majority of net premium income recorded is based on capitated rates, which are monthly premiums paid for each member enrolled. Components of the MDHHS contract are subject to redetermination and retrospectively rated features (see Note 24).

 Total Hospital and Medical Expenses — Total hospital and medical expenses include claims paid, claims processed but not yet paid, estimates for claims received but not yet processed, estimates for the costs of health care services enrollees have received but for which claims have not yet been submitted, and payments and liabilities for physician, hospital, and other medical costs disputes.

Total hospital and medical expenses also include amounts incurred for bonus amounts that are based on the underlying contractual provisions with the respective providers. In addition, adjustments to claims unpaid estimates and aggregate health claim reserves are reflected in the period once the change in estimate is identified and included in total hospital and medical expenses in the statutory basis statements of operations.

General Administrative Expenses — Pursuant to the terms of the Agreement (see
Note 10), the Company pays a management fee to UHS in exchange for administrative and
management services. Costs for items not included within the scope of the Agreement are
directly expensed as incurred. State income taxes are also a component of GAE. A
detailed review of the administrative expenses of the Company and UHS is performed to
determine the allocation between CAE and GAE to be reported in the statutory basis
statements of operations.

The Company is subject to an annual fee under Section 9010 of the ACA. A health insurance entity's annual fee becomes payable once the entity provides health insurance for any U.S. health risk during the calendar year, which is nondeductible for tax purposes. Under the NAIC SAP, the entire amount of the estimated annual fee expense is recognized on January 1 of the fee year in GAE in the statutory basis statements of operations, whereas under GAAP, a deferred asset is created on January 1 of the fee year which is amortized to expense on a straight-line basis throughout the year.

- **Net Investment Income Earned** Net investment income earned includes investment income collected during the period, as well as the change in investment income due and accrued on the Company's holdings. Amortization of premium or discount on bonds and certain external investment management costs are also included in net investment income earned (see Note 7).
- Federal Income Taxes Incurred The provision for federal income taxes incurred is
  calculated based on applying the statutory federal income tax rate of 21% in 2018 and 35%
  in 2017 to net income from before federal income taxes and net realized capital losses
  subject to certain adjustments (see Note 9).
- Comprehensive Income Comprehensive income and its components are not separately presented in the statutory basis financial statements, whereas under GAAP, it is a requirement to present comprehensive income and its components in the financial statements.

#### **REINSURANCE**

- Reinsurance Ceded In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding premium to other insurance enterprises or reinsurers under excess coverage contracts or specific transfer of risk agreements. The Company remains primarily liable as the direct insurer on the risks reinsured. Reinsurance premiums paid and reinsurance premiums incurred but not paid are deducted from net premium income in the statutory basis statements of operations. Any amounts due to the Company pursuant to this agreement are recorded as amounts recoverable from reinsurers in the statutory basis statements of admitted assets, liabilities, and capital and surplus (see Note 23).
- Amounts Recoverable from Reinsurers The Company records amounts recoverable
  from reinsurers which represents amounts contractually due to the Company for stop-loss
  as reinsurance in the statutory basis statements of admitted assets, liabilities, and capital
  and surplus and as net reinsurance recoveries in the statutory basis statements of
  operations.
- Section 1341 ACA Transitional Reinsurance The Company has established a receivable of \$1,709 and \$59,903 as of December 31, 2018 and 2017, respectively, pursuant to Section 1341 of the ACA which is included in amounts recoverable from reinsurers, in the statutory basis statements of admitted assets, liabilities, and capital and surplus, for the transitional reinsurance program. This program was designed to protect issuers in the individual market from an expected increase in large claims due to the elimination of preexisting condition limitations (see Note 24).
- Ceded Reinsurance Premiums Payable The ceded reinsurance premiums payable balance represents amounts due to the reinsurer for specified coverage which will be paid based on the contract terms.

#### **OTHER**

• Vulnerability Due to Certain Concentrations — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Company's existing products in new markets and offerings of new products, both of which may restrict the Company's ability to expand its business.

The Company has no commercial customers that individually exceed 10% of total direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, for the years ended December 31, 2018 and 2017.

Direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, from members and CMS related to Medicare Advantage and the Medicare Part D program as a percentage of total direct premiums written and total uncollected premiums, including receivables for contracts subject to redetermination, are 1% and 0% as of December 31, 2018 and 0% and 0% as of December 31, 2017, respectively.

Direct premiums written and uncollected premiums, including receivables for contracts subject to redetermination, from MDHHS as a percentage of total direct premiums written and total uncollected premiums, including receivables for contracts subject to redetermination, are 99% and 100% as of December 31, 2018 and 100% and 99% as of December 31, 2017, respectively.

**Recently Issued Accounting Standards** — The Company reviewed all other recently issued guidance in 2018 and 2017 that has been adopted for 2018 or subsequent years' implementation and has determined that none of the items would have a significant impact to the statutory basis financial statements.

#### D. Going Concern

The Company has the ability and will continue to operate for a period of time sufficient to carry out its commitments, obligations and business objectives.

#### 2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS

No correction of errors have been recorded during the years ended December 31, 2018 and 2017.

MDHHS utilizes MCOs to pay the funds to providers participating in the provider pass-through program. As an MCO, the Company receives provider pass-through program funds and disbursement requirements from MDHHS. In 2018, the Company adopted the revised accounting and disclosure requirements for the provider pass-through program issued by the Department, which is consistent with Statement of Statutory Accounting Principles ("SSAP") No. 47, *Uninsured Plans*. As a result of this adoption, the Company recorded the provider pass-through program payable in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus as of December 31, 2018 (see Note 18). The Company did not record any year-to-date activity for the provider pass-through program in the statutory basis statements of operations for the twelve months ended December 31, 2018.

In 2017, the provider pass-through program was considered a Michigan prescribed practice and treated as a risk contract, although no risk was associated with the program. For the year ended December 31, 2017, the Company recognized \$240,570,428 in net premium income and a corresponding charge of \$240,570,428 in hospital and medical benefits and general administrative expenses in the statutory basis statement of operations related to the provider pass-through program. As of December 31, 2017, the Company recorded the provider pass-through program payable in claims unpaid and general expenses due or accrued in the statutory basis statements of admitted assets, liabilities, and capital and surplus. This had no impact on net income or capital and surplus for 2017.

#### 3. BUSINESS COMBINATIONS AND GOODWILL

**A–D.** The Company was not party to a business combination during the years ended December 31, 2018 and 2017, and does not carry goodwill in its statutory basis statements of admitted assets, liabilities, and capital and surplus.

#### 4. DISCONTINUED OPERATIONS

The Company did not discontinue any operations during 2018 or 2017; however, effective January 1, 2017, the Company did make the decision to exit the ACA individual exchange market. The 2016 ACA individual exchange revenue represented approximately 1% of total direct premiums written as of December 31, 2016.

- A. Discontinued Operation Disposed of or Classified as Held for Sale
  - (1–4) The Company did not have any discontinued operations disposed of or classified as held for sale during 2018 and 2017.
- B. Change in Plan of Sale of Discontinued Operation Not applicable.
- C. Nature of any Significant Continuing Involvement with Discontinued Operations after Disposal Not applicable.
- D. Equity Interest Retained in the Discontinued Operation after Disposal Not applicable.

#### 5. INVESTMENTS AND OTHER INVESTED ASSETS

For purposes of calculating gross realized gains and losses on sales of investments, the amortized cost of each investment sold is used. The gross realized gains and losses on sales of long-term investments were \$7,806 and \$43,826, respectively, for 2018 and \$34,554 and \$90,031, respectively, for 2017. The gross realized gains and losses on sales of short-term investments were \$0, and \$392, respectively, for 2018. There were no realized gains and losses on sales of short-term investments for 2017. The net realized loss is included in net realized capital losses less capital gains (benefit) tax in the statutory basis statements of operations. Total proceeds on the sale of long-term investments were \$4,207,555 and \$5,489,212 and for short-term investments were \$398,740 and \$1,097,622,504 in 2018 and 2017, respectively.

As of December 31, 2018 and 2017, the book/adjusted carrying value, fair value, and gross unrecognized unrealized gains and losses of the Company's investments, excluding cash and cash equivalents of \$38,035,420 and \$75,194,984, respectively, are as follows:

				2018			
	ok/Adjusted rrying Value	ι	Gross Jnrecognized Unrealized Gains	Gross Unrecognized Unrealized Losses < 1 Year	ι	Gross recognized Inrealized Losses > 1 Year	Fair Value
U.S. government and agency securities State and agency municipal securities City and county municipal securities Corporate debt securities (includes commercial paper) Other invested assets	\$ 37,300,415 7,044,174 11,957,206 82,933,390 14,354,477	\$	27,941 85,806 92,689 49,133	\$ 87,206 1,789 31,050 276,582	\$	260,457 54,423 11,031 328,493	\$ 36,980,693 7,073,768 12,007,814 82,377,448 14,354,477
Total bonds and short-term investments	\$ 153,589,662	\$	255,569	\$ 396,627	\$	654,404	\$152,794,200

						2018			
	Book/Adjusted Carrying Value		Gross Unrecognized Unrealized Gains		Gross Unrecognized Unrealized Losses < 1 Year		Gross Unrecognized Unrealized Losses > 1 Year		Fair Value
Less than one year	\$	66,303,353	\$	2,447	\$	42,274	\$	974	\$ 66,262,552
One to five years		26,333,630		70,648		116,519		183,403	26,104,356
Five to ten years		20,197,602		132,308		79,995		202,978	20,046,937
Over ten years	_	40,755,077		50,166	_	157,839	_	267,049	40,380,355
Total bonds and short-term investments	\$	153,589,662	\$	255,569	\$	396,627	\$	654,404	\$152,794,200

	Book/Adjusted Carrying Value		Gross Unrecognized Unrealized Gains		2017 Gross Unrecognized Unrealized Losses < 1 Year		Gross Unrecognized Unrealized Losses > 1 Year		Fair Value	
U.S. government and agency securities State and agency municipal securities City and county municipal securities Corporate debt securities (includes commercial paper) Other invested assets	\$	38,405,786 8,708,747 14,125,312 70,446,277 15,644,205	\$	28,791 148,291 221,481 175,083	\$	110,276 43,225 25,192 93,182	\$	17,184 1,349 4,493 118,292	\$	38,307,117 8,812,464 14,317,108 70,409,886 15,644,205
Total bonds and short-term investments	\$	147,330,327	\$	573,646	\$	271,875	\$	141,318	\$	147,490,780

Included in U.S. government and agency securities and corporate debt securities in the tables above are mortgage-related loan-backed securities, which do not have a single maturity date. For the years to maturity table above, these securities have been presented in the maturity group based on the securities' final maturity date and at a book/adjusted carrying value of \$16,259,751 and fair value of \$15,988,290.

The following table illustrates the fair value and gross unrecognized unrealized losses, aggregated by investment category and length of time that the individual securities have been in a continuous unrecognized unrealized loss position as of December 31, 2018 and 2017:

			2	018		
	<1	Year	>1	Year	Tot	al
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities State and agency municipal securities City and county municipal securities Corporate debt securities (includes commercial paper)	\$ 24,414,620 295,587 4,450,261 62,939,067	\$ 87,206 1,789 31,050 <u>276,582</u>	\$ 9,831,468 2,525,304 1,368,892 8,127,381	\$ 260,457 54,423 11,031 328,493	\$ 34,246,088 2,820,891 5,819,153 71,066,448	\$ 347,663 56,212 42,081 605,075
Total bonds and short-term investments	\$ 92,099,535	\$ 396,627	<u>\$ 21,853,045</u>	<u>\$ 654,404</u>	<u>\$ 113,952,580</u>	<u>\$1,051,031</u>
	<1	Year		017 Year	Tot	al
	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses	Fair Value	Gross Unrecognized Unrealized Losses
U.S. government and agency securities State and agency municipal securities City and county municipal securities Corporate debt securities (includes	\$ 31,936,862 3,216,365 3,980,136	\$ 110,276 43,225 25,192	\$ 1,197,939 504,275 236,760	\$ 17,184 1,349 4,493	\$ 33,134,801 3,720,640 4,216,896	\$ 127,460 44,574 29,685
commercial paper)  Total bonds and short-term investments	<u>41,546,613</u> \$ 80,679,976	93,182 \$ 271,875	3,668,237 \$ 5,607,211	118,292 \$ 141,318	45,214,850 \$ 86,287,187	<u>211,474</u> \$ 413,193

The unrecognized unrealized losses on investments in U.S. government and agency securities, state and agency municipal securities, city and county municipal securities, and corporate debt securities at December 31, 2018 and 2017, were mainly caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities. The Company evaluates impairment at each reporting period for each of the securities whereby the fair value of the investment is less than its book/adjusted carrying value. The contractual cash flows of the U.S. government and agency securities are guaranteed either by the U.S. government or an agency of the U.S. government. It is expected that the securities would not be settled at a price less than the cost of the investment, and the Company does not intend to sell the investment until the unrealized loss is fully recovered. The Company evaluated the credit ratings of the municipal, local agency and corporate debt securities, noting whether a significant deterioration since purchase or other factors that may indicate an OTTI, such as the length of time and extent to which fair value has been less than cost, the financial condition, and near-term prospects of the issuer as well as specific events or circumstances that may influence the operations of the issuer and the Company's intent to sell the investment. Additionally, the Company evaluated its intent and ability to retain loan-backed securities for a period of time sufficient to recover the amortized cost. As a result of these reviews, the Company recorded an OTTI of \$45 and \$0 as of December 31, 2018 and 2017, respectively, which are included in net realized capital gains losses less capital gains (benefit) tax in the statutory basis statements of operations.

**A–C.** The Company has no mortgage loans, real estate loans, restructured debt, or reverse mortgages. The Company also has no real estate property occupied by the Company, real estate property held for the production of income, or real estate property held for sale.

#### D. Loan-Backed Securities

- (1) U.S. government and agency securities and corporate debt securities include loan-backed securities (mortgage-backed securities and asset-backed securities), which are valued using the retrospective adjustment methodology. Prepayment assumptions for the determination of the book/adjusted carrying value, commonly referred to as amortized cost, of loan-backed securities are based on a three-month constant prepayment rate history obtained from external data source vendors.
- (2) The Company did not recognize any OTTI on loan-backed securities as of December 31, 2018 and 2017.
- (3) The Company did not have any loan-backed securities with OTTI to report by CUSIP as of December 31, 2018 or 2017.
- (4) The following table illustrates the fair value, gross unrecognized unrealized losses, and length of time that the loan-backed securities have been in a continuous unrecognized unrealized loss position as of December 31, 2018 and 2017:

		2018
The aggregate amount of unrealized losses:	_	
1. Less than 12 months	\$	161,513
2. 12 months or longer		237,194
The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 months		16,245,209
2. 12 months or longer		8,965,461
		2017
		2017
<del>-</del>		
The aggregate amount of unrealized losses:		
I ne aggregate amount of unrealized losses:     1. Less than 12 months	\$	70,667
	\$	70,667 23,578
1. Less than 12 months	\$	,
Less than 12 months     The second seco	\$	,

- (5) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrecognized unrealized losses as of December 31, 2018 and 2017 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not applicable.

- H. Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable.
- J. Real Estate Not applicable.

#### K. Low-Income Housing Tax Credits

(1–7) LIHTC investments of \$14,354,477 and \$15,644,205 as of December 31, 2018 and 2017, respectively, are included in other invested assets in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Company also has a corresponding liability of \$4,100,139 and \$13,255,139 as of December 31, 2018 and 2017, respectively, which represents the future capital contributions that will be required as long as the asset is performing based on the agreed upon terms. The number of remaining years of unexpired tax credits is 10 years and the required holding period for the LIHTC investments is 15 years. The LIHTC investments are not currently subject to any regulatory reviews. The Company did not recognize any impairment losses, write-downs, or reclassifications during 2018 or 2017.

#### L. Restricted Assets

(1) Restricted assets, including pledged securities as of December 31, 2018 and 2017, are presented below:

	1		3	4	5	6 Gross	7	
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted Fron Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ n (Decrease) (1 Minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	(Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)	
Subject to contractual obligation for which liability is not shown     Collateral held under security lending	\$ -	\$ -	\$ -	\$ -	\$ -	0 %	0 %	
agreements	-	-	-	-	-	0 %	0 %	
c. Subject to repurchase agreements	-	-	-	-	-	0 %	0 %	
<ul> <li>d. Subject to reverse repurchase agreements</li> </ul>	-	-	-	-	-	0 %	0 %	
e. Subject to dollar repurchase agreements	-	-	-	-	-	0 %	0 %	
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	0 %	0 %	
g. Placed under option contracts h. Letter stock or securities	-	-	-	-	-	0 %	0 %	
restricted as to sale— excluding FHLB capital								
stock	-	-	-	-	-	0 %	0 %	
i. FHLB capital stock	-	-	-	-	-	0 %	0 %	
j. On deposit with states	1,132,579	1,138,868	(6,289)	-	1,132,579	0 %	0 %	
k. On deposit with other regulatory bodies     Pledged as collateral to FHLB (including assets backing funding	-	-	-	-	-	0 %	0 %	
agreements) m Pledged as collateral not	-	-	-	-	-	0 %	0 %	
captured in other categories n. Other restricted assets	<u> </u>		<u>-</u>	<u>-</u>	<u>-</u>	0 % <u>0 %</u>	0 % <u>0 %</u>	
o. Total restricted assets	<u>\$ 1,132,579</u>	<u>\$ 1,138,868</u>	\$ (6,289)	<u>\$ - </u>	\$ 1,132,579	<u>0 %</u>	<u>0 %</u>	

- (a) Column 1 divided by Asset Page, Column 1, Line 28(b) Column 5 divided by Asset Page, Column 3, Line 28
  - (2–4) The Company has no assets pledged as collateral not captured in other categories and no other restricted assets as of December 31, 2018 or 2017.
- M. Working Capital Finance Investments Not applicable.

### N. Offsetting and Netting of Assets and Liabilities

The Company does not have any offsetting or netting of assets and liabilities as it relates to derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending activities.

#### O. Structured Notes

The Company does not have any structured notes.

#### P. 5GI Securities

The Company does not have any investments with an NAIC designation of 5I as of December 31, 2018 and 2017.

- **Q.** Short Sales Not applicable.
- R. Prepayment Penalty and Acceleration Fees Not applicable.

#### 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

**A–B**. The Company has no investments in joint ventures, partnerships, or limited liability companies that exceed 10% of admitted assets and did not recognize any impairment write-down for its investments in joint ventures, partnerships, and limited liability companies during the statement periods.

#### 7. INVESTMENT INCOME

- **A.** The Company excludes all investment income due and accrued amounts that are over 90 days past due from the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- **B.** There were no investment income amounts excluded from the statutory basis financial statements.

#### 8. DERIVATIVE INSTRUMENTS

A-H. The Company has no derivative instruments.

#### 9. INCOME TAXES

The Tax Cuts and Jobs Act ("Tax Reform") enacted by the U.S. federal government in December 2017 changed the existing United States tax law including reducing the U.S. corporate income tax rate from 35% in 2017 to 21% beginning in 2018. The Company accounted for the impacts of Tax Reform and as of December 31, 2017, remeasured its deferred tax assets/(liabilities) at the 21% enacted tax rate.

#### A. Deferred Tax Asset/Liability

(1) The components of the net deferred tax asset at December 31, 2018 and 2017, are as follows:

	2018				2017		Change				
•	1 2		3 (Col 1 + 2)	4	5	6 (Col 4 + 5)	7 (Col 1 - 4)	8 (Col 2 - 5)	9 (Col 7 + 8)		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
(a) Gross deferred tax ass     (b) Statutory valuation     allowance adjustments		\$ 8 	\$ 1,237,124	\$ 1,416,519 	\$ - 	\$ 1,416,519 	\$ (179,403)	\$ 8	\$ (179,395)		
(c) Adjusted gross deferred tax as: (1a - 1b)	sets 1,237,116	8	1,237,124	1,416,519	-	1,416,519	(179,403)	8	(179,395)		
(d) Deferred tax assets nonadmitted											
(e) Subtotal net admitted deferr tax asset (1c -	ed 1,237,116	8	1,237,124	1,416,519	_	1,416,519	(179,403)	8	(179,395)		
tax asset (10 -	1,207,110	O	1,207,124	1,410,515		1,410,010	(175,405)	0	(173,000)		
(f) Deferred tax liabilities	356,848	11,974	368,822	12,881	1,259	14,140	343,967	10,715	354,682		
(g) Net admitted deferred tax asset/(net deferred											
tax liability) (1e - 1f)	\$ 880,268	<u>\$(11,966</u> )	\$ 868,302	\$ 1,403,638	\$ (1,259)	\$ 1,402,379	\$ (523,370)	\$ (10,707)	\$ (534,077)		

(2) The components of the adjusted gross deferred tax assets admissibility calculation under SSAP No. 101, *Income Taxes—A Replacement of SSAP No. 10R and SSAP No. 10*, are as follows:

	2018 2017					Change				
Admission Calculation	1	2	3 (Col 1 + 2)	4	5	6 (Col 4 + 5)	7 (Col 1 - 4)	8 (Col 2 - 5)	9 (Col 7 + 8)	
Components SSAP No. 101	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,237,116	\$ 8	\$1,237,124	\$ 1,416,519	\$ -	\$ 1,416,519	\$ (179,403)	\$ 8	\$ (179,395)	
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and										
(b)2 below)     Adjusted gross deferred tax assets expected to be realized following	-	-	-	-	-	-	-	-	-	
the balance sheet date 2. Adjusted gross deferred tax assets allowed per	-	-	-	-	-	-	-	-	-	
limitation threshold	XXX	XXX	19,558,444	XXX	XXX	18,507,714	XXX	XXX	1,050,730	
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities										
(d) Deferred tax assets admitted as the result of application of SSAP No. 101 Total (2(a) + 2(b) + 2(c))	<u>\$ 1,237,116</u>	<u>\$8</u>	<u>\$1,237,124</u>	\$ 1,416,519	<u>\$ -</u>	<u>\$ 1,416,519</u>	<u>\$ (179,403)</u>	<u>\$ 8</u>	\$ (179,39 <u>5</u> )	

(3) The ratio percentage and adjusted capital and surplus used to determine the recovery period and threshold limitations for the admissibility calculation are presented below:

	2018	2017
<ul><li>(a) Ratio percentage used to determine recovery period and threshold limitation amount</li><li>(b) Amount of adjusted capital and surplus used to</li></ul>	455 %	371 %
determine recovery period and threshold limitation in 2(b)(2) above	\$ 130,389,625	\$ 123,384,760

(4) The impact to the gross deferred tax assets balances as a result of tax-planning strategies as of December 31, 2018 and 2017, is presented below:

	2018		201	7	Change			
_	1	2	3	4	5	6		
Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital		
<ul> <li>(a) Determination of adjusted gross deferred to assets and net admitted deferred tax asset by tax character as a percentage.</li> <li>1. Adjusted gross DTAs amount from</li> </ul>	S							
Note 9A1(c)  2. Percentage of adjusted gross DTAs by tax character attributable to the impac		\$ 8	\$ 1,416,519	\$ -	\$ (179,403	8 (		
of tax-planning strategies 3. Net admitted adjusted gross DTAs	- %	- %	- %	- %	- %	6 - %		
amount from Note 9A1(e)  4. Percentage of net admitted adjusted gross DTAs by tax character admitted	5 1,237,116	\$ 8	\$ 1,416,519	\$ -	\$ (179,403	8 (8		
because of the impact of tax-planning strategies	- %	- %	- %	- %	- %	6 - %		
(b) Does the Company's tax-planning strategies include the use of reinsurance?			Yes		No	<u> </u>		

### B. Unrecognized Deferred Tax Liabilities

(1–4) There are no unrecognized deferred tax liabilities for the years ended December 31, 2018 and 2017.

#### C. Significant Components of Income Taxes

(1) The current federal and foreign income taxes incurred for the years ended December 31, 2018 and 2017 are as follows:

	1 2018	2 2017	3 (Col 1 - 2) Change	Col 1 - 2)	
Current income tax     (a) Federal     (b) Foreign	\$ 10,208,708 	\$ 9,767,226	\$ 441,48 	32	
(c) Subtotal	10,208,708	9,767,226	441,48	32	
<ul><li>(d) Federal income tax on net capital gains</li><li>(e) Utilization of capital loss carryforwards</li><li>(f) Other</li></ul>	(5,034) - -	12,837 - -	(17,87 - -	'1) 	
(g) Total federal and foreign income taxes incurred	\$ 10,203,674	\$ 9,780,063	\$ 423,61	11	

(2–4) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities as of December 31, 2018 and 2017, are as follows:

	1	3	
	2018	2017	(Col 1 - 2) Change
2 Deferred tax assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 236,969	\$ 157,339	\$ 79,630
(2) Unearned premium reserve	92,752	132,276	(39,524)
(3) Policyholder reserves	-	189,210 -	(189,210)
<ul><li>(4) Investments</li><li>(5) Deferred acquisition costs</li></ul>	_	_	-
(6) Policyholder dividends accrual	_	_	_
(7) Fixed assets	_	_	_
(8) Compensation and benefits accrual	_	_	_
(9) Pension accrual	_	-	-
(10) Receivables—nonadmitted	758,062	729,684	28,378
(11) Net operating loss carryforward	-	-	-
(12) Tax credit carryforward			
(13) Other (including items <5% of total ordinary tax assets)	149,333	208,010	(58,677)
(99) Subtotal	1,237,116	1,416,519	(179,403)
(b) Statutory valuation allowance adjustment (c) Nonadmitted			
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	1,237,116	1,416,519	(179,403)
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carryforward	-	-	-
<ul><li>(3) Real estate</li><li>(4) Other (including items &lt;5% of total capital tax assets)</li></ul>	- 8	-	- 8
•	8		8
(99) Subtotal	0	-	0
(f) Statutory valuation allowance adjustment (g) Nonadmitted			
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	8		8
(i) Admitted deferred tax assets (2d + 2h)	1,237,124	1,416,519	(179,395)
3 Deferred tax liabilities:			
(a) Ordinary: (1) Investments	24,533	7,090	17,443
(2) Fixed assets	24,555	7,090	17, <del>44</del> 5 -
(3) Deferred and uncollected premium	-	-	-
<ul><li>(4) Policyholder reserves</li><li>(5) Other (including items &lt;5% of total ordinary tax liabilities)</li></ul>	- 332,315	- 5,791	- 326,524
(99) Subtotal	356,848	12,881	343,967
(99) Subtotal	330,040	12,001	343,307
(b) Capital:		4.0=0	40 = 4=
(1) Investments (2) Real estate	11,974	1,259	10,715
(3) Other (including items <5% of total capital tax liabilities		<u> </u>	<u> </u>
(99) Subtotal	11,974	1,259	10,715
(c) Deferred tax liabilities (3a99 + 3b99)	368,822	14,140	354,682
4 Net deferred tax assets/liabilities (2i - 3c)	\$ 868,302	\$ 1,402,379	\$ (534,077)

The other ordinary deferred tax asset of \$149,333 for 2018 consists of intangibles. The other ordinary deferred tax asset of \$208,010 for 2017 consists of bad debts of \$2,677 and intangibles of \$205,333. The other capital deferred tax assets of \$8 for 2018 consists of unrealized loss. The other ordinary deferred tax liability of \$332,315 for 2018 consists of discounting of unpaid losses of \$155,174, premium acquisition expense of \$10,480 and other items of \$166,661. The other ordinary deferred tax liability of \$5,791 for 2017 consists of premium acquisition expense.

The Company's measurement of the income tax effects on Tax Reform for the year ended December 31, 2017 was reasonably estimated. The Company has completed the accounting for the income tax effects of Tax Reform by the end of the measurement period in 2018.

The Company assessed the potential realization of the gross deferred tax asset and as a result no statutory valuation allowance was required and no allowance was established as of December 31, 2018 and 2017.

**D.** The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate of 21% in 2018 and 35% in 2017, to net income before federal income taxes incurred, plus capital gains (benefit) tax. A summarization of the significant items causing this difference as of December 31, 2018 and 2017 is as follows:

	2018			2017			
		Effective			Effective		
	Amount	Tax Rate	Am	ount	Tax Rate		
Tax provision at the federal statutory rate	\$ 7,422,179	21%	\$	9,892,311	35%		
Tax-exempt interest	(81,371)	(0)%		(151,201)	0%		
Health insurer fee	4,489,058	13%		-	0%		
Current year tax credit	(1,052,748)	(3)%		-	0%		
Tax effect of nonadmitted assets	(28,378)	(0)%		(16,386)	0%		
Change in tax law	(10,981)	<u>(0)%</u>		934,919	<u>3%</u>		
Total statutory income taxes	\$ 10,737,759	<u>31%</u>	\$	10,659,643	<u>38%</u>		
Federal income taxes incurred	\$ 10,208,708	29%	\$	9,767,226	35%		
Capital gains tax	(5,034)	(0)%		12,837	0%		
Change in net deferred income tax	534,085	<u>2%</u>		879,580	<u>3%</u>		
Total statutory income taxes	\$ 10,737,759	<u>31%</u>	\$	10,659,643	<u>38%</u>		

**E.** At December 31, 2018, the Company had no net operating loss carryforwards.

Current federal income taxes payable of \$1,606,125 and \$1,832,062 as of December 31, 2018 and 2017, respectively, are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Federal income taxes paid, net of refunds were \$10,429,611 in 2018. Federal income taxes recovered, net of payments were \$81,639 in 2017.

Federal income taxes incurred of \$10,231,125 and \$9,752,611 for 2018 and 2017, respectively, are available for recoupment in the event of future net losses.

The Company has not admitted any aggregate amounts of deposits that are included within Section 6603 ("Deposits made to suspend running of interest on potential underpayments, etc.") of the Internal Revenue Service ("IRS") Code.

- F. The Company is included in the consolidated federal income tax return with its ultimate parent, UnitedHealth Group. The entities included within the consolidated return are included in NAIC Statutory Statement Schedule Y—Information Concerning Activities of Insurer Members Of A Holding Company Group. Federal income taxes are paid to or refunded by UnitedHealth Group pursuant to the terms of a tax-sharing agreement, approved by the Board of Directors, under which taxes approximate the amount that would have been computed on a separate company basis, with the exception of net operating losses and capital losses. For these losses, the Company receives a benefit at the federal rate in the current year for current taxable losses incurred in that year to the extent losses can be utilized in the consolidated federal income tax return of UnitedHealth Group. UnitedHealth Group currently files income tax returns in the U.S. federal jurisdiction, various states, and foreign jurisdictions. The IRS has completed exams on UnitedHealth Group's consolidated income tax returns for fiscal years 2016 and prior. UnitedHealth Group's 2017 and 2018 tax returns are under review by the IRS under its Compliance Assurance Program. With the exception of a few states, UnitedHealth Group is no longer subject to income tax examinations prior to 2012 in major state and foreign jurisdictions. The Company does not believe any adjustments that may result from these examinations will be material to the Company.
- **G.** Tax Contingencies Not applicable.
- **H.** Repatriation Transition Tax Not applicable.
- I. Alternative Minimum Tax Credit Not applicable.

#### 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AND AFFILIATES

#### A-O. Material Related Party Transactions

Management believes that its transactions with affiliates are fair and reasonable; however, operations of the Company may not be indicative of those that would have occurred if it had operated as an independent company.

Pursuant to the terms of the Agreement, UHS will provide management services to the Company under a fee structure, which is based on a percentage of premium charges representing UHS' expenses for services or use of assets provided to the Company. In addition, UHS provides or arranges for services on behalf of the Company using a pass-through of charges incurred by UHS on a PMPM basis (where the charges incurred by UHS is on a PMPM basis) or using another allocation methodology consistent with the Agreement. These services may include, but are not limited to, integrated personal health management solutions, such as disease management, treatment decision support, and wellness services, including a 24-hour call-in service, access to a network of transplant providers, and discount program services. The amount and types of services provided pursuant to the pass-through provision of the Agreement can change year over year as UHS becomes the contracting entity for services provided to the Company's members. Total administrative services, capitation expenses, and access fees under this arrangement totaled \$78,921,259 and \$81,215,449 in 2018 and 2017, respectively, and are included in GAE and CAE in the statutory basis statements of operations. Direct expenses not covered under the Agreement, such as broker commissions, Department exam fees, ACA assessments, and state taxes, are paid by UHS on behalf of the Company. UHS is reimbursed by the Company for these direct expenses.

In the ordinary course of business, the Company also directly contracts with related parties to provide services that are routine in nature to its members. The administrative services, access fees, and cost of care services provided are calculated using a PMPM, per employee per month per claim or a combination thereof. These amounts are included in GAE, CAE, and hospital and medical expenses in the statutory basis statements of operations.

The following table identifies the amounts for the administrative services, access fees, and cost of care services provided by related parties for the years ended December 31, 2018 and 2017, which meet the disclosure requirements pursuant to SSAP No. 25, *Affiliates and Other Related Parties* ("SSAP No. 25"), regardless of the effective date of the contract:

2018		2017
\$ 78,921,259	\$	81,215,449
61,740,056		56,969,847
9,369,261		9,525,037
2,264,956		3,429,284
\$	\$ 78,921,259 61,740,056 9,369,261	\$ 78,921,259 \$ 61,740,056 9,369,261

OptumRx provides administrative services related to pharmacy management and pharmacy claims processing for its enrollees, pharmacy incentive services, specialty drug pharmacy services, durable medical equipment services including orthotics and prosthetics and personal health products catalogues showing the healthcare products and benefit credits enrollees needed to redeem the respective products. United Behavioral Health provides mental health and substance abuse services. OptumInsight, Inc. provides claim analytics and recovery of medical expense (benefit) overpayments, retroactive fraud, waste and abuse, subrogation and premium audit services. All recoveries are returned to the Company by OptumInsight, Inc. on a monthly basis.

The Company holds a subordinated revolving credit agreement with UnitedHealth Group at an interest rate of London InterBank Offered Rate plus a margin of 0.50%. This credit agreement is subordinate to the extent it does not conflict with any credit facility held by either party. The aggregate principal amount that may be outstanding at any time is the lesser of 3% of the Company's admitted assets or 25% of the Company's policyholder surplus as of the preceding December 31. The credit agreement is effective until terminated by either party. No amounts were outstanding under the line of credit as of December 31, 2018 and 2017. No amount of interest was paid during 2018 and 2017, respectively.

The Company has a Tax Sharing Agreement with UnitedHealth Group (see Note 9).

The Company paid dividends of \$18,000,000 and \$15,000,000 in 2018 and 2017, respectively, to its parent (see Note 13).

The Company has entered into a reinsurance agreement with an affiliated entity (see Note 23).

At December 31, 2018 and 2017, the Company reported \$821,956 as receivables from parent, subsidiaries and affiliates, net and \$559,002 as amounts due to parent, subsidiaries, and affiliates, net respectively, which are included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. These balances are generally settled within 90 days from the incurred date. Any balances due to the Company that are not settled within 90 days are considered nonadmitted assets.

The Company has not extended any guarantees or undertakings for the benefit of an affiliate or related party.

The Company does not have any amount deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream subsidiary, controlled, or affiliated entity.

The Company does not have any investments in a subsidiary, controlled, or affiliated entity that exceeds 10% of admitted assets.

The Company does not have any investments in impaired subsidiaries, controlled, or affiliated entities.

The Company does not have any investments in foreign insurance subsidiaries.

The Company does not hold any investments in a downstream noninsurance holding company.

The Company does not have any investments in noninsurance subsidiaries, controlled, or affiliated entities.

The Company does not have any investments in insurance subsidiaries, controlled, or affiliated entities.

#### 11. **DEBT**

**A–B.** The Company had no outstanding debt with third-parties or outstanding Federal Home Loan Bank agreements during 2018 and 2017.

# 12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

**A–I.** The Company has no defined benefit plans, defined contribution plans, multiemployer plans, consolidated/holding company plans, postemployment benefits, or compensated absences plans and is not impacted by the Medicare Modernization Act on postretirement benefits, since all personnel are employees of UHS, which provides services to the Company under the terms of the Agreement (see Note 10).

#### 13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

- (1–2) The Company has 5,275,459 shares authorized and 2,303,598 shares issued and outstanding of common stock with no par value. The Company has no preferred stock outstanding. All issued and outstanding shares of common stock are held by the Company's parent, AmeriChoice.
- (3) The insurance laws of the State of Michigan limit the amount of dividends that may be paid from positive unassigned surplus by an insurer without prior approval by the Department. Under these requirements, the Company may pay dividends during any 12 month period in an amount equal to the greater of 10% of the preceding year-end statutory basis capital and surplus or the preceding year's statutory basis net income.
- (4) The Company paid an ordinary cash dividend of \$18,000,000 and \$15,000,000 on December 28, 2018 and December 27, 2017, respectively, to AmeriChoice. The ordinary dividends complied with the provision set forth in the statues of Michigan. The dividends were recorded as a reduction to unassigned surplus in the statutory basis statements of admitted assets, liabilities, and capital and surplus.
- (5) The amount of ordinary dividends that may be paid out during any given period is subject to certain restrictions as specified by state statute.
- (6) There are no restrictions placed on the Company's unassigned surplus.
- (7) The Company is not a mutual reciprocal or a similarly organized entity and does not have advances to surplus not repaid.
- (8) The Company does not hold any stock, including stock of affiliated companies for special purposes, such as conversion of preferred stock, employee stock options, or stock purchase warrants.

- (9) For the year ended December 31, 2017, the amount of the estimated Section 9010 ACA subsequent fee year assessment apportioned out of unassigned surplus was \$22,711,510. As discussed in Note 1, in 2018 no amount was required to be apportioned out of unassigned surplus for the Section 9010 ACA subsequent fee year assessment.
- (10) The portion of unassigned surplus, excluding the apportionment of estimated Section 9010 ACA subsequent fee year assessment, net income, and dividends represented (or reduced) by each item below is as follows:

	2018	2017	Change
Unrealized capital losses on investments less capital gains benefit Net deferred income taxes  Nonadmitted assets	\$ (29) 868,294 (3,609,820)	\$ - 1,402,379 (3,474,685)	\$ (29) (534,085) (135,135)
Total	\$ (2,741,555)	\$ (2,072,306)	\$ (669,249)

(11–13) The Company does not have any outstanding surplus notes and has never been a party to a quasi-reorganization.

#### 14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

#### A. Contingent Commitments

The Company has no contingent commitments.

#### B. Assessments

The Company is not aware of any guaranty fund assessments or premium tax offsets, potential or accrued, that could have a material financial effect on the operations of the entity.

#### C. Gain Contingencies

The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.

- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits Not applicable.
- E. Joint and Several Liabilities Not applicable.

#### F. All Other Contingencies

The Company's business is regulated at the federal, state, and local levels. The laws and rules governing the Company's business and interpretations of those laws and rules are subject to frequent change. Broad latitude is given to the agencies administering those regulations. Further, the Company must obtain and maintain regulatory approvals to market and sell many of its products.

The ACA and the related federal and state regulations will continue to impact how the Company does business and could restrict revenue and enrollment growth in certain products and market segments, restrict premium growth rates for certain products and market segments, increase the Company's medical and administrative costs, expose the Company to an increased risk of liability (including increasing the Company's liability in federal and state courts for coverage determinations and contract interpretation), or put the Company at risk for loss of business. In addition, the Company's statutory basis results of operations, financial condition, and cash flows could be materially adversely affected by such changes. The ACA may create new or expand existing opportunities for business growth, but due to its complexity, the long term impact of the ACA remains difficult to predict and is not yet fully known.

The Company has been, or is currently involved, in various governmental investigations, audits and reviews. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments and other governmental authorities. Certain of the Company's businesses have been reviewed or are currently under review, for reasons including compliance with coding and other requirements under the Medicare risk-adjustment model.

On February 14, 2017, the Department of Justice ("DOJ") announced its decision to pursue certain claims within a lawsuit initially asserted against the Company and filed under seal by a whistleblower in 2011. The whistleblower's complaint, which was unsealed on February 15, 2017, alleges that the Company made improper risk adjustment submissions and violated the False Claims Act. On February 12, 2018, the court granted in part and denied in part the Company's motion to dismiss. In May 2018, the DOJ moved to dismiss the Company's counterclaims, which were filed in March 2018, and moved for partial summary judgment. Those motions were argued in September 2018. The Company cannot reasonably estimate the outcome that may result from this matter given its procedural status.

Risk Adjustment Data Validation ("RADV") Audit — CMS adjusts capitation payments to Medicare Advantage plans and Medicare Part D plans according to the predicted health status of each beneficiary as supported by data from health care providers. The Company collects claim and encounter data from providers who the Company generally relies on to appropriately code their claim submissions and document their medical records. CMS then determines the risk score and payment amount for each enrolled member based on the health care data submitted and member demographic information.

CMS and the Office of Inspector General for Health and Human Services periodically perform RADV audits of selected Medicare health plans to validate the coding practices and supporting documentation maintained by health care providers. Such audits have in the past resulted in, and in the future could result in, retrospective adjustments to payments made to the Company, fines, corrective action plans or other adverse action by CMS.

In February 2012, CMS announced a final RADV and payment adjustment methodology and is conducting the RADV audits beginning with the 2011 payment year. These audits involve a review of medical records maintained by care providers and may result in retrospective adjustments to payments made to health plans. CMS has not communicated how the final payment adjustment under its methodology will be implemented.

To date, the Company has not been selected by CMS to participate in a RADV audit.

Because of the nature of its businesses, the Company is frequently made party to a variety of legal actions and regulatory inquiries, including class actions and suits brought by members, care providers, consumer advocacy organizations, customers and regulators, relating to the Company's businesses, including management and administration of health benefit plans and other services.

The Company records liabilities for its estimates of probable costs resulting from these matters where appropriate. Estimates of costs resulting from legal and regulatory matters involving the Company are inherently difficult to predict, particularly where the matters involve: indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or represent a shift in regulatory policy; involve a large number of claimants or regulatory bodies; are in the early stages of the proceedings; or could result in a change in business practices. Accordingly, the Company is often unable to estimate the losses or ranges of losses for those matters where there is a reasonable possibility or it is probable that a loss may be incurred. Although the outcomes of any such legal actions cannot be predicted, in the opinion of management, the resolution of any currently pending or threatened actions will not have a material adverse effect on the statutory basis statements of admitted assets, liabilities, and capital and surplus or statutory basis statements of operations of the Company.

The Company routinely evaluates the collectability of all receivable amounts included in the statutory basis statements of admitted assets, liabilities, and capital and surplus. Impairment reserves are established for those amounts where collectability is uncertain. Based on the Company's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Company's statutory basis financial condition.

There are no assets that the Company considers to be impaired at December 31, 2018 and 2017.

#### 15. LEASES

**A–B.** According to the Agreement between the Company and UHS (see Note 10), operating leases for the rental of office facilities and equipment are the responsibility of UHS. Fees associated with the lease agreements are included as a component of the Company's management fee.

# 16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

(1–4) The Company does not hold any financial instruments with off-balance-sheet risk or have any concentrations of credit risk.

# 17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

**A–C.** The Company did not participate in any transfer of receivables, financial assets or wash sales.

# 18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

#### A. ASO Plans

MDHHS utilizes MCOs to pay the funds to providers participating in the provider pass-through program. As an MCO, the Company receives provider pass-through program funds and disbursement requirements from MDHHS. In 2018, the Company adopted the revised accounting and disclosure requirements for the provider pass-through program issued by the Department, which considers the pass-through program an Administrative Services Only ("ASO") contract in 2018. As of December 31, 2018, the Company recorded a payable related to the provider pass-through program of \$30,499,021 in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus. In 2017, activity related to the provider pass-through program was treated as a full-risk contract (see Note 3).

The net gain from operations of the uninsured portion of ASO uninsured plans and the uninsured portion of partially insured plans are as follows:

		2018								
	<u></u>									
		ASO Uninsured Plans	of F	ortion Partially red Plans		Total ASO				
Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	-	\$	-	\$	-				
<ul> <li>Total net other income or expenses (including interest paid to or received from plans)</li> </ul>		134,236		-		134,236				
c. Net gain (loss) from operations		134,236		-		134,236				
d. Total claim payment volume		257,949,308		-		257,949,308				

**B.** The Company has no operations from Administrative Services Contracts.

# C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

The Medicare Part D program is a partially insured plan. The Company recorded a receivable of \$906,070 in amounts receivable relating to uninsured plans and a payable of \$939 in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus of at December 31, 2018 and 2017, respectively, for cost reimbursement under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies as described in Note 1, *Amounts Receivable Relating to Uninsured Plans* and *Liability for Amounts Held Under Uninsured Plans*. The Company also recorded a payable of \$1,759 and \$0 at December 31, 2018 and 2017, respectively, for the Medicare Part D CGDP as described in Note 1, *Liability for Amounts Held Under Uninsured Plans*.

The Company's Medicaid contract was subject to reconciliations under the ACA program for enhanced rates to primary care physicians through non-risk reconciled payments. The enhanced rate program is in run-out as of December 31, 2016. The Company recorded a payable in liability for amounts held under uninsured plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus of \$0 and \$2,743,555 as of December 31, 2018 and 2017 respectively, for cost reimbursements and payments to providers under this program. There is no risk to the Company since any excess or shortfall will be 100% remitted to or received back from the state at the time the final reconciliation is completed.

# 19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD-PARTY ADMINISTRATORS

The Company did not have any direct premiums written or produced by managing general agents or third-party administrators in 2018 and 2017.

#### 20. FAIR VALUE MEASUREMENT

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical assets in active markets.

Level 2—Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.);
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.);
- Inputs that are derived principally from or corroborated by other observable market data.

Level 3—Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds and short-term investments are based on quoted market prices, where available. The Company obtains one price for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates, and prepayment speeds. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to a secondary pricing source, prices reported by its custodian, its investment consultant, and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and review of fair value methodology documentation provided by independent pricing services have not historically resulted in an adjustment in the prices obtained from the pricing service.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

#### A. Fair Value

#### (1) Fair Value Measurements at Reporting Date

The Company does not have any financial assets that are measured and reported at fair value in the statutory basis statements of admitted assets, liabilities, and capital and surplus at December 31, 2018 and 2017. However, the Company does consider its investments in LIHTC investments as a Level 3 investment even though no market valuation was required as of December 31, 2018 and 2017. As there is no readily available market, these securities are recorded at book/adjusted carrying value and considered held to maturity as they will not be sold.

- (2) The Company does not have any financial assets with a fair value hierarchy of Level 3 that were measured and reported at fair value. The Company does consider its investments in LIHTC investments as a Level 3 investment as there is no readily available market. As a result these investments are recorded and reported at book value of \$14,354,477 and \$15,644,205 as of December 31, 2018 and 2017.
- (3) Transfers between fair value hierarchy levels, if any, are recorded as of the beginning of the reporting period in which the transfer occurs. There were no transfers between Levels 1, 2 or 3 of any financial assets or liabilities during the years ended December 31, 2018 or 2017.

(4) Investments — Fair values of debt securities are based on quoted market prices, where available. The Company obtains one price for each security primarily from a pricing service, which generally uses quoted prices or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds and non-binding broker quotes. As the Company is responsible for the determination of fair value, it performs quarterly analyses on the prices received from the pricing service to determine whether the prices are reasonable estimates of fair value. Specifically, the Company compares the prices received from the pricing service to prices reported by a secondary pricing source, such as its custodian, its investment consultant and third-party investment advisors. Additionally, the Company compares changes in the reported market values and returns to relevant market indices to test the reasonableness of the reported prices. The Company's internal price verification procedures and reviews of fair value methodology documentation provided by independent pricing services have not historically resulted in adjustment in the prices obtained from the pricing service.

**LIHTC Investments** —The Company does consider its investments in LIHTC investments as a Level 3 investment even though no market valuation adjustment was required as of December 31, 2018 and 2017. As there is no readily available market, these securities are recorded and reported at book/adjusted carrying value and considered held to maturity as they will not be sold. Should any contractual breakage occur that jeopardizes the ability to receive the tax credits associated with these securities, impairments will be recognized. As of December 31, 2018, all of these investments are performing in accordance with their original contract terms.

- (5) The Company has no derivative assets and liabilities to disclose.
- **B.** Fair Value Combination Not applicable.

#### C. Aggregate Fair Value Hierarchy

The aggregate fair value by hierarchy of all financial instruments as of December 31, 2018 and 2017 is presented in the table below:

Types of Financial Investment	 Aggregate Fair Value		Admitted Assets		(Level 1)		(Level 2)		(Level 3)	Net	Asset Value (NAV)	Practicable ying Value)
U.S. government and agency securities	\$ 36,980,693	\$	37,300,415	\$	26,652,139	\$	10,328,554	\$	-	\$	-	\$ -
State and agency municipal securities	7,073,768		7,044,174		-		7,073,768		-		-	-
City and county municipal securities Corporate debt securities (includes	12,007,814		11,957,206		-		12,007,814		-		-	-
commercial paper)	82,377,448		82,933,390		-		82,377,448		-		-	-
Other invested assets	 14,354,477	_	14,354,477	_		_	-	_	14,354,477			 -
Total bonds, short-term investments												
and other invested assets	\$ 152,794,200	\$	153,589,662	\$	26,652,139	\$	111,787,584	\$	14,354,477	\$	-	\$ -
							2017					
Types of Financial Investment	 Aggregate Fair Value		Admitted Assets		(Level 1)		(Level 2)		(Level 3)	Net	Asset Value (NAV)	Practicable ying Value)
U.S. government and agency securities	\$ 38,307,117	\$	38,405,786	\$	27,361,344	\$	10,945,773	\$	_	\$	-	\$ -
State and agency municipal securities	8,812,464		8,708,747		-		8,812,464		-		-	-
City and county municipal securities Corporate debt securities (includes	14,317,108		14,125,312		-		14,317,108		-		-	-
commercial paper)	70,409,886		70,446,277		-		70,409,886		-		-	-
Other invested assets	 15,644,205	_	15,644,205	_		_		_	15,644,205			 -
Total bonds, short-term investments												
and other invested assets	\$ 147,490,780	\$	147,330,327	\$	27,361,344	\$	104,485,231	\$	15,644,205	\$	-	\$ -

2018

Included as Level 1 in U.S. government and agency securities in the fair value hierarchy tables above are U.S. Treasury securities of \$26,652,139 and \$27,361,344 as of December 31, 2018 and December 31, 2017, respectively.

Included as Level 2 in corporate debt securities in the fair value hierarchy tables above are commercial paper investments of \$8,423,897 and \$2,509,973 as of December 31, 2018 and December 31, 2017, respectively. The commercial paper investments reflected in the tables above are included in short-term investments in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

- **D.** Not Practicable to Estimate Fair Value Not applicable.
- E. Investments Measured Using the NAV Practical Expedient Not applicable.

#### 21. OTHER ITEMS

#### A. Unusual or Infrequent Items

The Company did not encounter any unusual or infrequent items for the years ended December 31, 2018 and 2017.

#### B. Troubled Debt Restructuring: Debtors

The Company has no troubled debt restructurings as of December 31, 2018 and 2017.

#### C. Other Disclosures

The Company does not have any amounts not recorded in the statutory basis financial statements that represent segregated funds held for others. The Company also does not have any exposures related to forward commitments that are not derivative instruments.

#### D. Business Interruption Insurance Recoveries

The Company has not received any business interruption insurance recoveries during 2018 and 2017.

#### E. State Transferable and Non-transferable Tax Credits

The Company has no transferable or non-transferable state tax credits.

# F. Sub-Prime Mortgage-Related Risk Exposure

(1-4) The Company does not have any sub-prime mortgage-related risk exposure as of December 31, 2018 and 2017.

#### G. Retained Assets

The Company does not have any retained asset accounts for beneficiaries.

#### H. Insurance-Linked Securities Contracts

As of December 31, 2018, the Company is not aware of any possible proceeds of insurance-linked securities.

# 22. EVENTS SUBSEQUENT

Subsequent events have been evaluated through February 28, 2019, which is the date these statutory basis financial statements were available for issuance.

# **TYPE I — Recognized Subsequent Events**

There are no events subsequent to December 31, 2018, that require recognition and disclosure.

### TYPE II — Non-Recognized Subsequent Events

The Company is subject to the annual fee under Section 9010 of the ACA. The fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of the health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, of the year the fee is due. Pursuant to the 2019 HIF moratorium (see Note 1), no HIF will be payable in 2019 and therefore there is no amount apportioned out of unassigned funds in 2018 representing an estimate of the 2019 HIF.

The table below presents information regarding the annual fee under Section 9010 of the ACA as of December 31, 2018 and 2017:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes	_
B. ACA fee assessment payable for the upcoming year	\$ -	\$ 22,711,510
C. ACA fee assessment paid	21,376,467	-
D. Premium written subject to ACA 9010 assessment	-	1,066,084,667
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	131,257,927	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	131,257,927	
G. Authorized Control Level (Five-Year Historical Line 15)	28,626,175	
H. Would reporting the ACA assessment as of December 31, 2018, have triggered an RBC action level (YES/NO)?	No	_

There are no other events subsequent to December 31, 2018 that require disclosure.

#### 23. REINSURANCE

**Reinsurance Agreements**—In the normal course of business, the Company seeks to reduce potential losses that may arise from catastrophic events that cause unfavorable underwriting results by reinsuring certain levels of such risk with affiliated reinsurer. The Company remains primarily liable as the direct insurer on all risks reinsured.

The Company has a reinsurance agreement with an affiliated entity, UnitedHealthcare Insurance Company ("UHIC") to cover certain inpatient hospital claims in excess of defined limits. Reinsurance premiums, which are calculated on a PMPM basis, of \$4,455,176 and \$2,011,817 in 2018 and 2017, respectively, are netted against net premium income in the statutory basis statements of operations. Reinsurance recoveries of \$8,656,674 and \$4,371,112 in 2018 and 2017, respectively, are included in net reinsurance recoveries in the statutory basis statements of operations. There were \$0 and \$117,969 of amounts recoverable from reinsurers related to this agreement as of December 31, 2018 and 2017, respectively. The entire related party balances were nonadmitted as required by the Department. Reinsurance contracts do not relieve the Company from its obligations to policyholders. Failure of reinsurers to honor their obligations could result in losses to the Company.

Pursuant to Section 1341 of the ACA, through 2016, the Company was subject to the reinsurance provisions for compliant individual policies (see Note 24).

The effect of both internal and external reinsurance agreements outlined above on net premium income and hospital and medical expenses is presented below:

	2018		2017
\$	876,723,252	\$	1,057,068,082
	4,455,176		2,011,817
	-		-
<u>\$</u>	872,268,076	<u>\$</u>	1,055,056,265
\$	695,491,676	\$	936,569,527
	8,656,674		4,371,112
			134,544
\$	686,835,002	\$	932,063,871
	<u>\$</u>	\$ 876,723,252 4,455,176 - \$ 872,268,076 \$ 695,491,676 8,656,674	\$ 876,723,252 \$ 4,455,176 \$ 872,268,076 \$ \$ 695,491,676 \$ 8,656,674

The Company recognized reinsurance recoveries related to internal and external reinsurance agreements of \$8,656,674 and \$4,505,656 in 2018 and 2017, respectively, which are recorded as net reinsurance recoveries in the statutory basis statements of operations. In addition, reinsurance recoverables related to internal and external reinsurance agreements of \$1,709 and \$177,472 for paid losses are recorded as amounts recoverable from reinsurers and \$1,207,667 and \$456,873 for unpaid losses are recorded as a reduction to claims unpaid in 2018 and 2017, respectively, in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

#### A. Ceded Reinsurance Report

#### Section 1 — General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor, or any other person not primarily engaged in the insurance business?

Yes () No (X)

#### Section 2 — Ceded Reinsurance Report — Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

### Section 3 — Ceded Reinsurance Report — Part B

(1) What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

The Company estimates there should be no aggregate reduction in surplus for termination of all reinsurance agreements as of December 31, 2018.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

- **B.** Uncollectible Reinsurance During 2018 and 2017, there were no uncollectible reinsurance recoverables.
- C. Commutation of Ceded Reinsurance There was no commutation of reinsurance in 2018 or 2017
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not applicable.

### 24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

**A**. The Company estimates accrued retrospective premium adjustments for its group health insurance business based on mathematical calculations in accordance with contractual terms.

- **B**. Estimated accrued retrospective premiums due to (from) the Company are recorded in premiums and considerations and aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus and as an adjustment to change in reserve for rate credits in the statutory basis statements of operations.
- C. Pursuant to the ACA, the Company's commercial business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the commercial lines of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for the commercial lines of business subject to the retrospectively rated features was \$242,378 and \$929,259, representing 0% and 0% of total direct premiums written as of December 31, 2018 and 2017, respectively.

Pursuant to the ACA, the Company's Medicare business is subject to retrospectively rated features based on the actual medical loss ratios experienced on the Medicare line of business. The formula is calculated pursuant to the ACA guidance. The total amount of direct premiums written for the Medicare line of business subject to the retrospectively rated features was \$7,435,379 and \$326,104, representing 1% and 0% of total direct premiums written as of December 31, 2018 and 2017, respectively.

The Company has Medicare Part D risk-corridor amounts from CMS which are subject to a retrospectively rated feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to certain Part D premiums based on guidelines determined by CMS. The formula is tiered and based on the bid medical loss ratio. The amount of Medicare Part D direct premiums written subject to the retrospectively rated feature was \$436,487 and \$0 representing, 0% and 0% of total direct premiums written for 2018 and 2017, respectively.

The Company has risk-adjustment amounts from CMS which are subject to a redetermination feature related to Medicare premiums. The Company has estimated premium adjustments for changes to each member's health scores based on guidelines determined by CMS. The total amount of Medicare direct premiums written for which a portion is subject to the redetermination feature was \$7,435,379 and \$326,104 representing, 1% and 0% of total direct premiums written for 2018 and 2017, respectively.

CMS has released the final Medicaid Managed Care Rule which is subject to each State's administration elections. This rule is the first major update to the Medicaid Managed Care regulations in more than a decade. Many items including a minimum loss ratio requirement were implemented for contracts with an effective date starting on or after July 1, 2017 while other elements of the regulation will be implemented over the following decade. Pursuant to the regulations, for contracts effective on or after July 1, 2017 premiums associated with the Company's Medicaid line of business is subject to retrospectively rated features based on the actual medical loss ratios experienced on this product. The calculation is pursuant to the Medicaid Managed Care guidance. The total amount of direct premiums written for the Medicaid line of business for which a portion is subject to the retrospectively rated features was \$869,045,495 and \$501,939,201, representing 99% and 47% of total direct premiums written as of December 31, 2018 and December 31, 2017, respectively.

The Medicaid contract with the State of Michigan includes a provision for which a stated percentage of total direct premiums written can be eligible for a performance guarantee payment, based on various quality and operational measures. The total amount of direct premiums written from the Medicaid contract subject to the redetermination feature was \$869,045,495 and \$1,055,812,719, representing 99% and 100%, of the Company's total direct premiums written, as of December 31, 2018 and 2017, respectively.

**D.** The Company is required to maintain specific minimum loss ratios on the comprehensive commercial and Medicare lines of business. The Company's actual loss ratios on the comprehensive commercial line of business were in excess of the minimum requirements and as a result, no minimum medical loss ratio rebate liability was required to be established at December 31, 2018 and 2017.

The following table discloses the minimum medical loss ratio rebate liability for the Medicare line of business which is included in aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus for the years ended December 31, 2018 and 2017:

	1 2 Small Group		3 Large Group	4 Other Categories	5
	Individual	Employer	Employer	with Rebates	Total
Prior reporting year					
(1) Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss rebates unpaid	-	-	-	-	-
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-
Current reporting year-to-date					
(7) Medical loss ratio rebates incurred	-	-	-	176,451	176,451
(8) Medical loss ratio rebates paid	-	-	-	-	-
(9) Medical loss rebates unpaid	-	-	-	176,451	176,451
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	176,451

Pursuant to the Medicaid Managed Care Rule, based on the State's election the Company may be required to maintain specific minimum loss ratios on the Medicaid line of business. The Company has no amounts accrued for Medicaid minimum loss ratio rebates as of December 31,2018.

#### E. Risk-Sharing Provisions of the Affordable Care Act

(1) The Company has accident and health insurance premiums in 2018 and 2017 subject to the risk- sharing provisions of the ACA.

The ACA imposed fees and premium stabilization provisions on health insurance issuers offering comprehensive commercial health insurance. The three premium stabilization programs are commonly referred to as the 3Rs — risk adjustment, reinsurance, and risk corridors.

Risk Adjustment — The permanent risk adjustment program, designed to mitigate the potential impact of adverse selection and provide stability for health insurance issuers, applies to all non-grandfathered plans not subject to transitional relief in the individual and small group markets both inside and outside of the insurance exchanges. Effective for 2018 benefit plan year, the risk adjustments and distributions are calculated using a high-cost risk pool which adds a reinsurance-like element to this program. The operation of the high-cost risk pools exclude a percentage of costs above a threshold level determined by federal regulations. The program operates two national high-cost risk pools, one for individuals and one for small groups. Premium adjustments pursuant to the risk adjustment program are accounted for as premium subject to redetermination and user fees are accounted for as assessments.

Reinsurance — The transitional reinsurance program was designed to protect issuers in the individual market from an expected increase in large claims due to the elimination of preexisting condition limitations. The transitional reinsurance program was effective from 2014 through 2016 and applied to all issuers of major medical commercial products and third-party administrators. Contributions attributable to enrollees in the ACA compliant individual plans, including program administrative costs, were accounted for as ceded premium and payments received were accounted for as ceded benefit recoveries. The portion of the individual contributions earmarked for the U.S. Treasury was accounted for as an assessment. Contributions made for enrollees in fully insured plans other than the ACA compliant individual plans, including program administrative costs and payments to the U.S. Treasury, were treated as assessments.

Risk Corridors — The temporary risk corridors program, designed to provide some aggregate protection against variability for issuers in the individual and small group markets during the period 2014 through 2016, applied to Qualified Health Plans in the individual and small group markets both inside and outside of the insurance exchanges. Premium adjustments pursuant to the risk corridors program were accounted for as premium adjustments for retrospectively rated contracts.

(2) The following table presents the current year impact of risk-sharing provisions of the ACA on assets, liabilities and operations:

a.	Permanent ACA Risk Adjustment Program	December	31. 2018
	Assets		,
	Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$	-
	<u>Liabilities</u>		
	2. Risk adjustment user fees payable for ACA Risk Adjustment		-
	<ol> <li>Premium adjustments payable due to ACA Risk Adjustment (including high risk pool payments)</li> </ol>		-
	Operations (Revenue & Expense)		
	4. Reported as revenue in premium for accident and health		
	contracts (written/collected) due to ACA Risk Adjustment		-
	5. Reported in expenses as ACA risk adjustment user fees		
	(incurred/paid)		-
b.	Transitional ACA Reinsurance Program		
	<u>Assets</u>		
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	1,709
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		-
	Amounts receivable relating to uninsured plans for		
	contributions for ACA Reinsurance		-
	<u>Liabilities</u>		
	Liabilities for contributions payable due to ACA Reinsurance		
	- not reported as ceded premium		-
	<ol> <li>Ceded reinsurance premiums payable due to ACA Reinsurance</li> <li>Liability for amounts held under uninsured plans contributions</li> </ol>		-
	for ACA Reinsurance		_
	Operations (Revenue & Expense)		
	7. Ceded reinsurance premiums due to ACA Reinsurance		_
	8. Reinsurance recoveries (income statement) due to ACA		
	reinsurance payments or expected payments		-
	9. ACA Reinsurance contributions - not reported as ceded premium		-
C.	Temporary ACA Risk Corridors Program		
	<u>Assets</u>		
	Accrued retrospective premium due to ACA Risk Corridors	\$	-
	<u>Liabilities</u>		
	<ol><li>Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors</li></ol>		-
	Operations (Revenue & Expense)		
	3. Effect of ACA Risk Corridors on net premium income (paid/received)		-
	<ol> <li>Effect of ACA Risk Corridors on change in reserves for rate credits</li> </ol>		-

(3) The following table is a rollforward of the prior year ACA risk-sharing provisions for asset and liability balances, along with reasons for adjustments to prior year balances:

						Differe	ences	Adjus	stments		alances as of orting Date
		the Pri on Busine before De	d During or Year ess Written cember 31 rior Year	the Curr on Busine before De of the P	or Paid as of rent Year ess Written cember 31 rior Year	Accrued Bala Less Less To Prior To Prior fro Payments Payments Year Prior		Cumulative Balance from Prior Years (Col 1 - 3 + 7)			
		1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable) Re	9 ef Receivable	10 (Payable)
а	Permanent ACA Risk Adjustment     Program     Premium Adjustment Receivable     (including high risk pool premium)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ - A	· \$ -	\$ -
	Premium Adjustment (Payable) (including high risk pool premium)				<u>-</u> _				E	3 <u> </u>	
	Subtotal ACA Permanent Risk     Adjustment Program				<u>-</u>						<u> </u>
b	Transitional ACA Reinsurance Program     Amounts recoverable for claims paid     Amounts recoverable for claims	59,503	-	57,794	-	1,709	-	-	- 0	1,709	-
	unpaid (contra liability)  3. Amounts receivable relating to	-	-	-	-	-	-	-	- [	-	-
	uninsured plans 4. Liabilities for contributions payable due to ACA Reinsurance—not	-	-	-	-	-	-	-	- E	-	-
	reported as ceded premium 5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	- F		-
	<ol><li>Liability for amounts held under uninsured plans</li></ol>								F	ı <u> </u>	
	<ol> <li>Subtotal ACA Transitional Reinsurance Program</li> </ol>	59,503		57,794		1,709			<u>=</u> _	1,709	
C.	Temporary ACA Risk Corridors Program  1. Accrued retrospective premium  2. Reserve for rate credits or policy	-	-	-	-	-	-	-	- 1	-	-
	experience rating refunds									<u> </u>	
	<ol> <li>Subtotal ACA Risk Corridors Program</li> </ol>					<u>-</u> _			<u>-</u> _		
d	Total for ACA Risk-Sharing Provisions	\$ 59,503	\$ -	\$ 57,794	\$ -	\$ 1,709	\$ -	\$ -	\$ -	\$ 1,709	\$ -
E C E F	Explanation of Adjustments  A. N/A  J. N/A										

(4) The Company does not have any risk corridor receivables or payables to present in the table below.

		crued				eived o				Differ	ences	:		Adju	stme	ents		Unsettled Bala Report		
		r Year o Writter cembe Prior	Befo	re	Busi	e Curre ness Wi cembe Prior	ritten E r 31 of	efore	Acc Lo Payr	Less Less Year			١	Prior ⁄ear ances		Cumulative Balance from Prior Years (Col 1-3+7)	Bala: Pric	nulative nce from or Years 2–4+8)		
		1		2		3	4			5		6		7		8		9		10
Risk Corridors Program Year:	Rece	eivable	(Pay	/able)	Rece	eivable	(Paya	able)	Rece	eivable	(Pa	yable)	Rece	ivable	(Pa	yable)	Ref	Receivable	(Pa	yable)
a. 2014																				
1. Accrued retrospective premium	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	Α	\$ -	\$	-
<ol><li>Reserve for rate credits or policy experience rating refunds</li></ol>		-		-		-		-		-		-		-		-	В	-		-
b. 2015																				
1. Accrued retrospective premium		-		-		-		-		-		-		-		-	С	-		-
<ol><li>Reserve for rate credits or policy experience rating refunds</li></ol>		-		-		-		-		-		-		-		-	D	-		-
c. 2016																				
1. Accrued retrospective premium		-		-		-		-		-		-		-		-	Е	-		-
<ol><li>Reserve for rate credits or policy experience rating refunds</li></ol>		-		-		-		-		-		-		-		-	F	-		-
d. Total for Risk Corridors	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		\$ -	\$	-

Explanation of Adjustments

A. N/A
B. N/A
C. N/A
D. N/A
E. N/A
F. N/A

(5) The following table discloses ACA risk corridor receivable balances by risk corridor program year:

		1		2	3		4	5		6
Risk Corridors Program Year:	Am File	timated ount to be d or Final nt Filed with CMS	An Imp	n-Accrued nounts for pairment or er Reasons	nts received om CMS	(Gro	et Balance oss of Non- missions) (1-2-3)	-admitted mount	N	et Admitted Asset (4-5)
a. 2014	\$	-	\$	-	\$ -	\$	-	\$ -	\$	-
b. 2015		144,054		144,054	-		-	-		-
c. 2016		-		-	-		-	-		-
d. Total (a+b+c)	\$	144,054	\$	144,054	\$ -	\$	-	\$ -	\$	-

# 25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

**A.** Changes in estimates related to the prior year incurred claims are included in total hospital and medical expenses in the current year in the statutory basis statements of operations. The following tables disclose paid claims, incurred claims, and the balance in claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, health care receivables and reinsurance recoverables for the years ended December 31, 2018 and 2017:

			2018	
	Current Year Incurred Claims		Prior Years Incurred Claims	Total
Beginning of year claim reserve Paid claims—net of health care receivables	\$ -	\$	(103,015,310)	\$ (103,015,310)
and reinsurance recoveries collected	623,795,998		91,701,709	715,497,707
End of year claim reserve	 67,840,239	_	4,903,624	 72,743,863
Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	691,636,237		(6,409,977)	685,226,260
Beginning of year health care receivables and reinsurance recoveries collected End of year health care receivables	-		11,662,181	11,662,181
and reinsurance recoverables	 (7,498,943)	_	(2,554,496)	 (10,053,439)
Total incurred claims	\$ 684,137,294	\$	2,697,708	\$ 686,835,002

		2017	
	Current Year Incurred Claims	Prior Years Incurred Claims	Total
Beginning of year claim reserve Paid claims—net of health care receivables	\$ -	\$ (145,836,703)	\$ (145,836,703)
and reinsurance recoveries collected	854,883,656	119,876,946	974,760,602
End of year claim reserve	88,923,903	14,091,407	103,015,310
Incurred claims excluding the change in health care receivables and reinsurance recoverables as presented below	943,807,559	(11,868,350)	931,939,209
Beginning of year health care receivables and reinsurance recoveries collected End of year health care receivables	-	11,786,843	11,786,843
and reinsurance recoverables	(8,041,482)	(3,620,699)	(11,662,181)
Total incurred claims	\$ 935,766,077	\$ (3,702,206)	\$ 932,063,871

The liability for claims unpaid, accrued medical incentive pool and bonus amounts, aggregate health claim reserves, net of health care receivables and reinsurance recoverables as of December 31, 2017 was \$91,353,129. As of December 31, 2018, \$91,701,709 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years, net of health care receivables and reinsurance recoverables are now \$2,349,128, as a result of re-estimation of unpaid claims. Therefore, there has been \$2,697,708 unfavorable prior year development since December 31, 2017 to December 31, 2018. The primary drivers consist of unfavorable development of \$7,320,373 in retroactivity for inpatient, outpatient, physician, and pharmacy claims, \$919,300 in risk share, \$617,331 in capitation, and \$516,720 of other unfavorable development, offset by favorable development as a result of a change in the provision for adverse deviations in experience of \$3,360,904 and \$3,149,153 in reinsurance. At December 31, 2017, the Company recorded \$3,702,206 of favorable development. The primary drivers consist of favorable development of \$4,027,045 as a result of a change in the provision for adverse deviations in experience and favorable development of \$2,352,305 in reinsurance, offset by unfavorable development of \$2,037,924 in retroactivity for inpatient, outpatient, outpatient, physician, and pharmacy claims and \$983,380 of other unfavorable development. Original estimates are increased or decreased, as additional information becomes known regarding individual claims which could have an impact to the accruals for medical loss ratio rebates and retrospectively rated contracts. As a result of the prior year effects, on a regular basis, the Company adjusts revenue and the corresponding liability and/or receivable related to retrospectively rated policies and the impact of the change is included as a component of change in reserve for rate credits in the statutory basis statements of operations.

The Company incurred CAE of \$45,197,283 and \$46,327,821 in 2018 and 2017, respectively. These costs are included in the management service fees paid by the Company to UHS as a part of the Agreement (see Note 10). The following table discloses paid CAE, incurred CAE, and the balance in unpaid CAE reserve for 2018 and 2017:

	2018	2017
Total claims adjustment expenses Less: current year unpaid claims adjustment expenses Add: prior year unpaid claims adjustment expenses	\$ 45,197,283 (721,150) 742,552	\$ 46,327,821 (742,552) 986,524
Total claims adjustment expenses paid	\$ 45,218,685	\$ 46,571,793

**B.** The Company did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid CAE in 2018.

#### 26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company did not have any intercompany pooling arrangements in 2018 or 2017.

#### 27. STRUCTURED SETTLEMENTS

A-B. The Company did not have structured settlements in 2018 or 2017.

#### 28. HEALTH CARE RECEIVABLES

A. Pharmacy rebates receivable are recorded when reasonably estimated or billed by the affiliated pharmaceutical benefit manager in accordance with pharmaceutical rebate contract provisions. Information used to support rebates billed to the manufacturer is based on utilization information gathered by the pharmaceutical benefit manager and adjusted for significant changes in pharmaceutical contract provisions.

The Company evaluates admissibility of all pharmacy rebates receivable based on the administration of each underlying pharmaceutical benefit management agreement. The Company has nonadmitted and excluded all pharmacy rebates receivable that do not meet the admissibility criteria of SSAP No. 84, *Certain Health Care Receivables and Receivables under Government Insured Plans* ("SSAP No. 84") from the statutory basis statements of admitted assets, liabilities, and capital and surplus.

For each pharmaceutical management agreement for which a portion of the total pharmacy rebates receivable can be admitted based on the admissibility criteria of SSAP No. 84, the pharmacy rebate transaction history is summarized as follows:

Quarter	F	Estimated Pharmacy Rebates as Reported on Financial Statements	Re E	harmacy ebates as Billed or therwise onfirmed	ı	Actual Rebates Received within 90 Days of Billing	F wi	Actual Rebates Received thin 91 to 0 Days of Billing	Actual Rebates Received More than 180 Days after Billing
12/31/2018	\$	1,913,939	\$	-	\$	-	\$	-	\$ -
9/30/2018		1,919,193	1,	,738,439		508,401		-	-
6/30/2018		1,911,326	1,	,726,444		609,357		826,517	-
3/31/2018		1,934,331	1,	,642,818		414,337		957,261	258,761
12/31/2017		1,790,864	1	,527,750		320,139		939,563	234,816
9/30/2017		1,790,604		,527,750		376,144		828.841	303.871
6/30/2017		, ,				,		770,661	665,099
		2,090,971		,659,638		216,259		•	•
3/31/2017		2,183,017	1,	,623,443		109,933		409,070	1,092,106
12/31/2016		2,096,302	1,	,883,284		360,499		447,371	1,040,967
9/30/2016		2,274,897	2	,116,758		327,656		683,678	1,060,653
6/30/2016		2,174,214	2	,009,799		789,304		908,189	286,083
3/31/2016		1,685,312	1,	,748,425		324,782	1	,224,187	178,683

Of the amount reported as health care receivables, \$3,142,816 and \$3,093,819 relates to pharmacy rebates receivable as of December 31, 2018 and 2017, respectively.

**B.** The Company does not have any risk-sharing receivables.

The Company also admitted \$217,881 and \$499,210 for claims overpayment receivable and \$0 and \$172,080 for capitation arrangement receivable in 2018 and 2017, respectively, which are included in health care receivables in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

Admitted health care receivables also includes maternity case receivables due from MDHHS of \$3,288,118 and \$4,469,370 as of December 31, 2018 and 2017, respectively, reclassed from premiums and considerations based on Department requirements (see Note 1).

# 29. PARTICIPATING POLICIES

The Company did not have any participating contracts in 2018 or 2017.

# 30. PREMIUM DEFICIENCY RESERVES

The following table summarizes the Company's premium deficiency reserves as of December 31, 2018 and 2017:

2040

		2010
1. Liability carried for premium deficiency reserves	\$	-
2. Date of the most recent evaluation of this liability	1	2/31/2018
3. Was anticipated investment income utilized in this calculation?	Yes	X No
		2017
1. Liability carried for premium deficiency reserves	\$	901,000
2. Date of the most recent evaluation of this liability	1	2/31/2017
3. Was anticipated investment income utilized in this calculation?	Yes	X No

Premium deficiency reserves are included in aggregate health policy reserves (see Note 1—Basis of Presentation) in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

### 31. ANTICIPATED SALVAGE AND SUBROGATION

Due to the type of business being written, the Company has no salvage. As of December 31, 2018 and 2017, the Company had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

# **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System cons is an insurer?			Yes [ X	] No [ ]	
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2  If yes, did the reporting entity register and file with its domiciliary State Insurance such regulatory official of the state of domicile of the principal insurer in the Hold providing disclosure substantially similar to the standards adopted by the Nationa its Model Insurance Holding Company System Regulatory Act and model regulat subject to standards and disclosure requirements substantially similar to those re-	ing Company System, a registration statement al Association of Insurance Commissioners (NAIC) in ions pertaining thereto, or is the reporting entity	. Yes [ X	] No [	] N/A [	]
1.3	State Regulating?		-	Michi	gan	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?			Yes [ X	] No [ ]	
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by	the SEC for the entity/group.		000073	1766	
2.1	Has any change been made during the year of this statement in the charter, by-lareporting entity?			Yes [	] No [ X ]	
2.2	If yes, date of change:					
3.1	State as of what date the latest financial examination of the reporting entity was	made or is being made.		12/31/	2016	
3.2	State the as of date that the latest financial examination report became available entity. This date should be the date of the examined balance sheet and not the d		-	12/31/	2016	
3.3	State as of what date the latest financial examination report became available to domicile or the reporting entity. This is the release date or completion date of the examination (balance sheet date).	examination report and not the date of the		06/15/	2018	
3.4	By what department or departments?  Michigan Department of Insurance and Financial Services					
3.5	Have all financial statement adjustments within the latest financial examination restatement filed with Departments?	eport been accounted for in a subsequent financial	Yes [	] No [	] N/A [ X	]
3.6	Have all of the recommendations within the latest financial examination report be	een complied with?	Yes [ X	] No [	] N/A [	]
4.1		e reporting entity), receive credit or commissions for or	control		] No [ X ]	
4.2	During the period covered by this statement, did any sales/service organization or receive credit or commissions for or control a substantial part (more than 20 per premiums) of:	owned in whole or in part by the reporting entity or an a		165 [	) NO [ X ]	
		ousiness?		-	] No [ X ] ] No [ X ]	
5.1	Has the reporting entity been a party to a merger or consolidation during the peri If yes, complete and file the merger history data file with the NAIC.	od covered by this statement?		Yes [	] No [ X ]	
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicil ceased to exist as a result of the merger or consolidation.	e (use two letter state abbreviation) for any entity that I	nas			
	1 Name of Entity	2 3 NAIC Company Code State of Domicile				
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations revoked by any governmental entity during the reporting period?			Yes [	] No [ X ]	
6.2	If yes, give full information:					
7.1	Does any foreign (non-United States) person or entity directly or indirectly contro			Yes [	] No [ X ]	
7.2	If yes, 7.21 State the percentage of foreign control;	a mutual or reciprocal, the nationality of its manager or		0	).0	_ %
	1 Nationality	2 Type of Entity				

8.2	If response to 8.1 is yes, please identify the name of the bank holding					Yes [	J	NO [	X ]
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities If response to 8.3 is yes, please provide below the names and locat regulatory services agency [i.e. the Federal Reserve Board (FRB), t Insurance Corporation (FDIC) and the Securities Exchange Commission	ion (city and state of the main office) of any affiliate the Office of the Comptroller of the Currency (OCC	es regulate	d by a fe	deral	Yes [ )	( ]	No [	]
	1	2	3	4	5	6	1		
	Affiliate Name	Location (City, State)	FRB		FDIC	SEC			
	Optum Bank, Inc.	Salt Lake City, UT	N0	NO	YES	NO			
9.	What is the name and address of the independent certified public ac	•	ie annual a	audit?					
10.1	Deloitte & Touche LLP, Minneapolis, MN  Has the insurer been granted any exemptions to the prohibited non- requirements as allowed in Section 7H of the Annual Financial Repulaw or regulation?	orting Model Regulation (Model Audit Rule), or sub-	stantially s	similar sta	ate	Yes [	]	No [	Х ]
10.2	If the response to 10.1 is yes, provide information related to this exe	emption:							
10.3 10.4		equirements of the Annual Financial Reporting Mod similar state law or regulation?	del Regula	tion as		Yes [	]	No [	Х ]
		•							
10.5 10.6	Has the reporting entity established an Audit Committee in compliant If the response to 10.5 is no or n/a, please explain	ice with the domiciliary state insurance laws?		·······	Yes [ X	] No [	]	N/A	[ ]
11.	What is the name, address and affiliation (officer/employee of the refirm) of the individual providing the statement of actuarial opinion/ce Gary A. lannone, Vice President of Actuarial Services of United Healnc., 185 Aslum Street, Hartford,CT 06103.	rtification? althCare Services, Inc., an affiliate of UnitedHealth	n an actua care Comr	rial consu	ılting an,				
12.1	Does the reporting entity own any securities of a real estate holding					Yes [	]	No [	Χ]
		al estate holding company							
		parcels involved							_
12.2	If, yes provide explanation:	adjusted carrying value				\$			0
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENT								
13.1	What changes have been made during the year in the United States	s manager or the United States trustees of the rep	•	•					
13.2	Does this statement contain all business transacted for the reporting	g entity through its United States Branch on risks v	herever lo	cated?			]		]
13.3									]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved	d the changes?			Yes [	] No [	]	N/A	[ ]
14.1	Are the senior officers (principal executive officer, principal financial similar functions) of the reporting entity subject to a code of ethics, v (a) Honest and ethical conduct, including the ethical handling of active	which includes the following standards?				Yes [ )	( ]	No [	]
	(b) Full, fair, accurate, timely and understandable disclosure in the p (c) Compliance with applicable governmental laws, rules and regula	itions;	entity;						
	(d) The prompt internal reporting of violations to an appropriate pers	son or persons identified in the code; and							
14.11	·								
14.2	Has the code of ethics for senior managers been amended?					Yes [	]	No [	Х ]
14.21	If the response to 14.2 is yes, provide information related to amendr								
14.3 14.31						Yes [	]	No [	Х]
-									

	Is the reporting entity the beneficiary of a Letter of Credit the SVO Bank List?  If the response to 15.1 is yes, indicate the American Bank bank of the Letter of Credit and describe the circumstance	ers Association (ABA) Routing Number	r and the name of the issuing or confirm		Yes [	] N	No [ X	]
	1 2 American	s in which the Letter of Great is trigger	3			4		7
	Bankers Association (ABA) Routing Number Issuing or Confirming Bank Nat	me Circumstances	That Can Trigger the Letter of Credit		Am	nount		
								_
16.	Is the purchase or sale of all investments of the reporting e	BOARD OF DIRECTOR	_					
	thereof?  Does the reporting entity keep a complete permanent reco				Yes [ X	] N	lo [	]
	thereof? Has the reporting entity an established procedure for discle				Yes [ X	] N	lo [	]
10.	part of any of its officers, directors, trustees or responsible				Yes [ X	] N	lo [	]
		FINANCIAL						
19.	Has this statement been prepared using a basis of accountance Principles)?	ting other than Statutory Accounting P	rinciples (e.g., Generally Accepted		Yes [	1 1	ln [ X	1
20.1	Total amount loaned during the year (inclusive of Separate	e Accounts, exclusive of policy loans):	20.11 To directors or other officers		\$	ı ''	10 [ A	0
	, , , , ,		20.12 To stockholders not officers 20.13 Trustees, supreme or grand					
			(Fraternal Only)	Ş	\$			0
20.2	Total amount of loans outstanding at the end of year (inclu	sive of Separate Accounts, exclusive of	of					
	policy loans):		20.21 To directors or other officers		\$			0
			20.22 To stockholders not officers 20.23 Trustees, supreme or grand					
			(Fraternal Only)		\$			0
21.1	Were any assets reported in this statement subject to a co	ontractual obligation to transfer to anoth	er party without the liability for such					
04.0	obligation being reported in the statement?				Yes [	] N	10 [ X	]
21.2	If yes, state the amount thereof at December 31 of the cur	rent year:	21.21 Rented from others					
			21.22 Borrowed from others21.23 Leased from others					
			21.24 Other		⊅ r			٥
22.1	Does this statement include payments for assessments as guaranty association assessments?	described in the Annual Statement Ins	structions other than quaranty fund or					
22.2	If answer is yes:		2.21 Amount paid as losses or risk adju					
		2	2.22 Amount paid as expenses	9	§	2	21,368	, 333
		2	2.23 Other amounts paid		\$			0
	Does the reporting entity report any amounts due from par							
23.2	If yes, indicate any amounts receivable from parent include	ed in the Page 2 amount:			\$			0
		INVESTMENT						
24.01	Were all the stocks, bonds and other securities owned De the actual possession of the reporting entity on said date?				Yes [ X	. ] N	No [	]
24.02	If no, give full and complete information relating thereto							
24.03	For security lending programs, provide a description of the whether collateral is carried on or off-balance sheet. (an al Not Applicable	program including value for collateral Iternative is to reference Note 17 where	and amount of loaned securities, and ethis information is also provided)					
24.04	Does the Company's security lending program meet the re Instructions?	equirements for a conforming program a	as outlined in the Risk-Based Capital	Yes [	] No [	]	N/A [	Х ]
24.05	If answer to 24.04 is yes, report amount of collateral for co	nforming programs.			\$			0
24.06	If answer to 24.04 is no, report amount of collateral for other	er programs.			\$			0
24.07	Does your securities lending program require 102% (dome outset of the contract?			Yes [	] No [	]	N/A [	Х ]
24.08	Does the reporting entity non-admit when the collateral red	ceived from the counterparty falls below	v 100%?	Yes [	] No [	]	N/A [	Χ]
24.09	Does the reporting entity or the reporting entity 's securitie conduct securities lending?	s lending agent utilize the Master Secu	rities lending Agreement (MSLA) to	Yes [	] No [	]	N/A [	Χ]

24.10	For the reporting entity's security lending program	n state the amount of	the following as Decen	nber 31 of the curr	ent year:	
	24.101 Total fair value of reinve	sted collateral assets r	renorted on Schedule I	DI Parts 1 and 2		\$
	24.102 Total book adjusted/carr		•			
	24.103 Total payable for securiti					
25.1	Were any of the stocks, bonds or other assets of control of the reporting entity, or has the reporting force? (Exclude securities subject to Interrogato	the reporting entity ov g entity sold or transfe	vned at December 31 rred any assets subject	of the current year	not exclusively under the ontract that is currently in	
25.2	If yes, state the amount thereof at December 31	of the current year:	25.24.0	this at to require he	se agreements	<b>c</b>
25.2	if yes, state the amount thereof at December 51	of the current year.			epurchase agreements	
					ourchase agreements	
					Iollar repurchase agreements	
					agreements	
		rities restricted as to sale - pital Stock				
			25 27 F	II B Capital Stock		\$
			25.28 O	n deposit with stat	es	\$ 1.132.57
			25.29 O	n deposit with other	er regulatory bodies	\$
			25.30 P	edged as collatera	al - excluding collateral pledged	to
			25.31 P	edged as collatera	al to FHLB - including assets eements	
			D:	icking funding agr	eements	\$
			25.32 0	u lei		Φ
25.3	For category (25.26) provide the following:					
	1			2		3
	Nature of Restriction				n	Amount
26.1	Does the reporting entity have any hedging trans	actions reported on So	chedule DB?			Yes [ ] No [ X ]
26.2	If yes, has a comprehensive description of the he if no, attach a description with this statement.	edging program been r	made available to the o	lomiciliary state?.	Yes [	] No [ ] N/A [
27.1	Were any preferred stocks or bonds owned as of issuer, convertible into equity?					Yes [ ] No [ X ]
27.2	If yes, state the amount thereof at December 31	of the current year				\$
28.	Excluding items in Schedule E - Part 3 - Special offices, vaults or safety deposit boxes, were all si custodial agreement with a qualified bank or trus Outsourcing of Critical Functions, Custodial or Science	tocks, bonds and othe t company in accordar	r securities, owned thr nce with Section 1, III -	oughout the currer General Examina	nt year held pursuant to a tion Considerations, F.	Yes [ X ] No [ ]
28.01	For agreements that comply with the requiremen	ts of the NAIC Financi	al Condition Examiner	s Handbook, com	plete the following:	
	1				2	
	Name of Custodian(s)				n's Address	
	Bank of New York Mellon				r, New York, NY 10286	
	Northern Trust		-			
28.02	For all agreements that do not comply with the re and a complete explanation:				ook, provide the name, location	
	1 Name(a)		2	T	3 Complete Evalence	tion(a)
	Name(s)		Location(s)		Complete Explana	tion(s)
	Have there been any changes, including name c If yes, give full and complete information relating	<del>-</del>	an(s) identified in 28.0	1 during the currer	nt year?	Yes [ ] No [ X ]
	1 Old Custodian	Now Cur		3 Data of Chang	4	.n
	Old Custodian	New Cus	owidii	Date of Chang	ge Reaso	111

# **GENERAL INTERROGATORIES**

28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to
	make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as
	such. ["that have access to the investment accounts"; "handle securities"]

1	2
Name of Firm or Individual	Affiliation
Internally Managed	I
JPMorgan Investment Management Inc.	U
Wellington Management Company, LLP	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?	Yes [ X	]	No [	]
28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?	Yes [	]	No [	Х]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
107038	JPMorgan Investment Management Inc.	549300W78QHV4XMM6K69	SEC	NO
106595	Wellington Management Company, LLP	549300YHP12TEZNLCX41	SEC	NO

29.1	Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and				
	Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?	Yes [	]	No	[ X ]
20.2	If you complete the fellowing askedule.				

29.2 If yes, complete the following schedule:

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total	Nume of Muldur Fund	0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual	
		Fund's Book/Adjusted	
		Carrying Value	
	Name of Significant Holding of the	Attributable to the	Date of
Name of Mutual Fund (from above table)	Mutual Fund	Holding	Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
30.1 Bonds	141,332,175	140 , 536 , 713	(795,462)
30.2 Preferred stocks	0	0	0
30.3 Totals	141,332,175	140,536,713	(795,462)

30.4	Describe the sources or methods utilized in determining the fair values:	
------	--	--

For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, pricing was obtained from Hub which is an external data sources vendor. Hub utilizes various pricing sources.

31.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [	[ ]	l No	ً] د	X

	If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
--	---

32.1	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Yes [ X ] No [
32.2	If no. list exceptions:	

]

02.2 II 110, 110t 0.000ptionio.

33.	By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  b. Issuer or obligor is current on all contracted interest and principal payments.  c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  Has the reporting entity self-designated 5GI securities?	V [	1 Ma ( V 1
34.	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  a. The security was purchased prior to January 1, 2018.  b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  Has the reporting entity self-designated PLGI securities?		] No [ X ]
	OTHER		
35.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$	0
35.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade association service organizations and statistical or rating bureaus during the period covered by this statement.	ns,	
	1 2 Amount Paid		
36.1	Amount of payments for legal expenses, if any?	\$	0
36.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.		
	1 2 Name Amount Paid		
37.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?	\$	0
37.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.		
	1 2 Name Amount Paid		

# **GENERAL INTERROGATORIES**

### PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in for	ce?	Yes [ ]	No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.			0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance 1.31 Reason for excluding	ce Experience Exhibit?	\$	0
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien	not included in Item (1.2) above	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.		\$	0
1.6	Individual policies:	Most current three years:		
		1.61 Total premium earned		
		1.62 Total incurred claims		
		1.63 Number of covered lives		0
		All years prior to most current three years:		
		1.64 Total premium earned		
		1.65 Total incurred claims	\$	0
		1.66 Number of covered lives		0
4 7	October and indicate	Mant or mant those a reserve		
1.7	Group policies:	Most current three years:	•	0
		1.73 Number of covered lives		0
		All years prior to most current three years:		_
		1.74 Total premium earned		
		1.75 Total incurred claims	\$	0
		1.76 Number of covered lives		0
_	11. 10. T. 1			
2.	Health Test:	4		
		1 2 Current Year Prior Year		
	2.1 Premium Numerator	872 268 076 1 055 056 265		
	2.2 Premium Denominator			
	2.3 Premium Ratio (2.1/2.2)			
	2.4 Reserve Numerator			
	2.5 Reserve Denominator			
	2.6 Reserve Ratio (2.4/2.5)		\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	
3.2	If yes, give particulars:			
4.1	Have copies of all agreements stating the period and nature of hospitals', physic dependents been filed with the appropriate regulatory agency?	cians', and dentists' care offered to subscribers and	Yes [ X ]	No [ ]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do the	se agreements include additional benefits offered?	Yes [ ]	No [ X ]
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [ X ]	No [ ]
5.2	If no, explain:			
E 2	Maximum ratained risk (one instructions)	E 24 Comprehensive Madisal	œ.	275 000
5.3	Maximum retained risk (see instructions)			
		5.33 Medicare Supplement		
		5.34 Dental & Vision		
		5.34 Defilial & VISIOII	<b>)</b>	0
		5.36 Other	φ \$	0 0
6.	Describe arrangement which the reporting entity may have to protect subscriber hold harmless provisions, conversion privileges with other carriers, agreements agreements:  Hold harmless clauses in provider agreements and continuation of coverage en	rs and their dependents against the risk of insolvency including with providers to continue rendering services, and any other		
7.1	Does the reporting entity set up its claim liability for provider services on a servi-	ce date basis?	Yes [ X ]	No [ ]
7.2	If no, give details			
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year.		
9.1	Does the reporting entity have business subject to premium rate guarantees?		Yes [ ]	No [ X ]
<b>0</b> 2	If you direct promium carned:	0.21 Pusings with rate guarantees het year 45.36	- ¢	^
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months 9.22 Business with rate guarantees over 36 months		

10.1	Does the reporting entity have Incentive Pool, With	hold or Bonus Ar	rangements in its p	provider contracts?			Yes [X] No	0 [ ]	
10.2	If yes:		10	0.21 Maximum amo	ount payable bonu	ses	\$	5,748,820	
		\$							
				0.23 Maximum amo					
			10	0.24 Amount actua	Ily paid for year wit	hholds	\$	2,274	
11.1	Is the reporting entity organized as:								
					al Group/Staff Mode				
					dual Practice Asso	, ,, ,			
				11.14 A Mixed I	Model (combination	n of above)?	Yes [ ] N	10 [ X ]	
11.2	Is the reporting entity subject to Statutory Minimum	Capital and Surp	olus Requirements	?			Yes [ X ] No	0 [ ]	
11.3	If yes, show the name of the state requiring such m	inimum capital a	nd surplus					Michigan	
11.4	• •							7,252,350	
11.5	Is this amount included as part of a contingency res If the amount is calculated, show the calculation	serve in stockhold	der's equity?				Yes [ ] No	o [ X ]	
11.0	200% Risk Based Capital Authorized Control Level								
12.	List service areas in which reporting entity is license	ed to operate:							
			1						
	Alcono	Algor Allogon	Name of Service Alpena, Antrim, A		rry Poy				
			Calhouon, Cass,		*				
	Chippewa	, Clare, Clinton	, Crawford, Delta	, Dickinson, Eator	n, Emmet,				
			c, Grand Traverse sco, Iron, Isabel						
			, Lake, Lapeer, L						
			Manistee, Marquet						
			oe, Montcalm, Mon µan, Osceola, Osco						
	Isle, Ro	scommon, Saginaw	, Sanilac, School	craft, Shiawasee,	St. Clair,				
			Buren, Washtenaw Ie, Tuscola, Wash						
			iuscora, wasii						
10.1	De veu get en a gustadian for health aguings agas	nto?					V [ ] N	. [ V ]	
13.1	Do you act as a custodian for health savings accou	nts?					Yes [ ] No	0 [ X ]	
13.2	If yes, please provide the amount of custodial funds	held as of the re	eporting date				\$	0	
13.3	Do you act as an administrator for health savings a	ccounts?					Yes [ ] No	o [ X ]	
13.4	If yes, please provide the balance of funds administ	tered as of the re	porting date				\$	0	
1/1	Are any of the captive affiliates reported on Schedu	lo C Dart 3 auth	orized reincurers?			Voc.	1 No [ 1	N/A [ X ]	
	If the answer to 14.1 is yes, please provide the follo		ionzed reinsurers :			res [	] No [ ]	N/A[A]	
			2	4	A t-	O	O dit	_	
	1	2 NAIC	3	4	5	Supporting Reserved	7		
	Company Name	Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other		
	F- 7					- igreene			
15.	Provide the following for individual ordinary life insu	rance* policies (l	J.S. business only	) for the current yea	ar (prior to reinsura	nce assumed or			
	ceded):			15.1 D	Direct Premium Wri	tten	\$	0	
					otal Incurred Clain		•		
				15.3 N	lumber of Covered	Lives		0	
		*Ordir	nary Life Insurance	Includes					
	Term(whether full un	derwriting, limite	d underwriting, jet	ssue, "short form a					
	Whole Life (whether								
	Variable Life (with or without secondary gurarantee) Universal Life (with or without secondary gurarantee)								
	Universal Life (with o								
	-			antee)					
16.	Universal Life (with o	fe (with or withou	ut secondary gurara		o states?		Yes [ ] No [	X ]	
16. 16.1	Universal Life (with o Variable Universal L  Is the reporting entity licensed or chartered, register If no, does the reporting entity assume reinsurance	red, qualified, elique business that co	ut secondary gurara gible or writing bus vers risks residing	iness in at least two	e other than the st	ate of	Yes [ ] No [		
	Universal Life (with o Variable Universal L  Is the reporting entity licensed or chartered, register	red, qualified, elique business that co	ut secondary gurara gible or writing bus vers risks residing	iness in at least two	e other than the st	ate of			
	Universal Life (with o Variable Universal L  Is the reporting entity licensed or chartered, register If no, does the reporting entity assume reinsurance	red, qualified, elique business that co	ut secondary gurara gible or writing bus vers risks residing	iness in at least two	e other than the st	ate of			

# **FIVE-YEAR HISTORICAL DATA**

	114	1	2 2017	3 2016	4 2015	5 2014
	Palarras Chast (Panas 2 and 2)	2018	2017	2016	2015	2014
	Balance Sheet (Pages 2 and 3)	260 024 006	057 047 004	200 750 207	202 002 712	050 771 001
1.	Total admitted assets (Page 2, Line 28)					
2.	Total liabilities (Page 3, Line 24)				187,074,336	
3.	Statutory minimum capital and surplus requirement		42,563,236		60,001,522	
4.	Total capital and surplus (Page 3, Line 33)	131,257,927	124 , 787 , 139	122,1/1,/89	95,829,376	104,642,797
	Income Statement (Page 4)					
5.	Total revenues (Line 8)					
6.	Total medical and hospital expenses (Line 18)				959,570,301	
7.	Claims adjustment expenses (Line 20)				46,683,409	
8.	Total administrative expenses (Line 21)		59,246,819		149, 158, 637	
9.	Net underwriting gain (loss) (Line 24)				76,754,172	
10.	Net investment gain (loss) (Line 27)				2,388,754	
11.	Total other income (Lines 28 plus 29)					
12.	Net income or (loss) (Line 32)	25,140,037	18,483,684	26,833,498	44, 193,354	30,385,870
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	(3,042,304)	(6,316,478)	(10,351,330)	83,719,332	18,066,896
	Risk-Based Capital Analysis					
14.	Total adjusted capital	131,257,927	124,787,139	122, 171,789	95,829,376	104,642,797
15.	Authorized control level risk-based capital	28,626,175	33,275,936	30 , 704 , 008	30,000,761	29,677,639
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7).	249,031	254,772	259, 181	260,553	260 , 167
17.	Total members months (Column 6, Line 7)	3,031,529	3,102,953	3,120,982	3,197,861	3,094,925
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	78.7	87.6	80.0	78.2	81.8
20.	Cost containment expenses	2.9	2.4	2.0	1.8	1.9
21.	Other claims adjustment expenses					
22.	Total underwriting deductions (Line 23)	96.3	97.6	96.0	94.1	95.4
23.	Total underwriting gain (loss) (Line 24)	3.7	2.4	4.0	6.3	4.7
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	94,228,310	131,235,776	113,860,101	101,060,946	95,889,360
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	91,530,602	134,937,982	128,423,204	107,229,805	107,867,946
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31					
33.	Total investment in parent included in Lines 26 to 31 above.	0	0	0		
	If a party to a marger, have the two most recent years of					1 0

# SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	Allocated by States and Territories  Direct Business Only										
			1	2	3	4	Direct Bus 5	siness Only 6	7	8	9
				2	S	4	Federal Employees		1	0	a
			Active Status	Accident & Health	Medicare	Medicaid	Health Benefits Plan	Life & Annuity Premiums & Other	Property/ Casualty	Total Columns 2	Deposit-Type
	States, etc.		(a)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	Through 7	Contracts
1.		AL	N	0	0	0	0	0	0	0	0
2.		AK	N	0	0	0	0	0	0	0	0
3.		AZ	N	0	0	0	0	0	0	0	0
4. 5.		AR CA	NN.	u		U	 0	J		0	J
6.		CO	N	0		0	0	0	0	0	0
7.		CT	N	0	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia .	DC	N	0	0	0	0	0	0	0	0
10.		FL	N	0	0	0	0	0	0	0	0
11.	<del>.</del> .	GA	N	0	0	0	<u>0</u> n	0 n	0	0	0
12. 13.		ID HI	NN.	0	U	0	 0	υ 0	0 	U	J
14.	Illinois	וו וו	NN.	0		0	0	0		0	0
15.		IN	N	0	0	0	0	0	0	0	0
16.	lowa	IΑ	N	0	0	0	0	0	0	0	0
17.		KS	N	0	0	0	0	0	0	0	0
18.		KY	N	0	0	0	0	0	0	0	0
19.		LA	N	0	0	0	0	0	0	ļō	}ō
20. 21.		ME	N	0	0	0	0	<u>0</u>	0	0	0
21.	Maryland Massachusetts	MD MA	IVN	0	0	0	 n	n	 0	n	n
23.		MI	I	242,378	7.435.379	869,045,495	0	0	0	876,723,252	0
24.	_	MN	N	0	0	0	0	0	0	0	0
25.		MS	N	0	0	٥	0	0	0	0	0
26.		MO	N	0	0	0	0	0	0	0	0
27.		MT	N	0	0	0	0	0	0	0	0
28. 29.		NE	N	0	0	0	0	0	0	0	0
30.	New Hampshire	NV	NN.	u	 n	<u>U</u>	 n	u		<u>U</u>	u
31.	New Jersey		N	0		0	0	0		0	0
32.	New Mexico		N.	0	0	0	0	0	0	0	0
33.		NY	N	0	0	0	0	0	0	0	0
34.	North Carolina		N	0	0	0	0	0	0	0	0
35.	North Dakota		N	0	0	0	0	0	0	0	0
36.		OH	N	0	0	0	0	0	0	0	0
37. 38.		OK OR	NN.	0	U	0 0	0	0	0 0	0	J
39.	-	PA	NN.	0		0	0	0		0	0
40.	Rhode Island		N	0	0	0	0	0	0	0	0
41.		SC	N	0	0	0	0	0	0	0	0
42.	South Dakota		N	0	0	0	0	0	0	0	0
43.		TN	N	0	0	0	0	0	0	0	0
44.		TX	N	0	0	0	0	0	0	0	0
45. 46.	Utah	UT	NNN.	0	0 0	0 0	0 0	0	0 	0	0
40. 47.	Virginia		NN.	0	0	0	0	0	0	0	0
48.	Washington		N.	0	0	0	0	0	0	0	0
49.	West Virginia		N	0	0	0	0	0	0	0	0
	Wisconsin		N	0	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0	0
52.	American Samoa		N.	0	0	0	0	0	0	0	łō
53. 54.	Guam Puerto Rico		NNN.	0	U	0 0	0	0	0	0	0
	U.S. Virgin Islands		NNN.	0	 Ω	0	0	0	0	0	n
56.	Northern Mariana			1				[			[
	Islands	MP	N	0	0	0	0	0	0	0	0
57.	Canada	CAN	N	0	0	0	0	0	0	0	ļ0
58.	Aggregate other alien	ОТ	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	242,378	7,435,379	869,045,495	0	0	0	876,723,252	0
60.	Reporting entity contributions for Emp	ployee									
0.4	Benefit Plans		XXX	0	0	0	0	0	0	0	0
61.	Total (Direct Business		XXX	242,378	7,435,379	869,045,495	0	0	0	876,723,252	0
58001.	DETAILS OF WRITE-	-INS	XXX								
58001.			XXX							<u> </u>	1
58003.			XXX							<u> </u>	
	Summary of remaining										
	write-ins for Line 58 fr		1001	0	0	_	0	0	^	_	_
58999	overflow page Totals (Lines 58001 th		XXX	. U	0	0	0	ļ	0	0	0
55333.	58003 plus 58998)(Lir										
	above)		XXX	0	0	0	0	0	0	0	0
(a) Activ	e Status Counts:				4 DDC						-

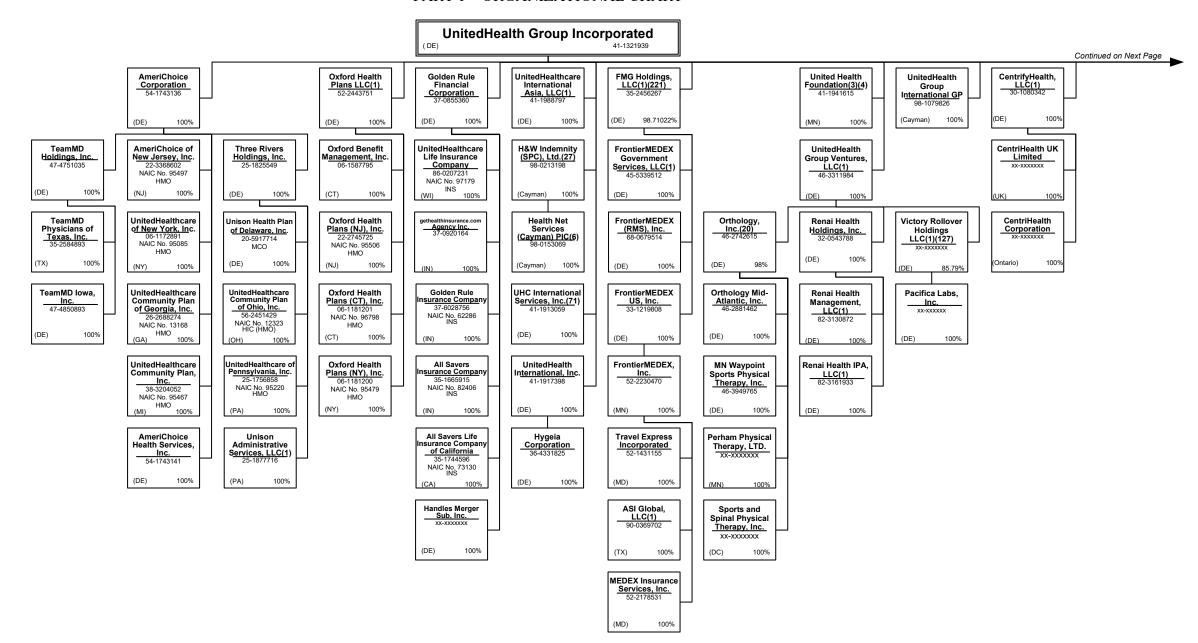
<sup>(</sup>a) Active Status Counts:

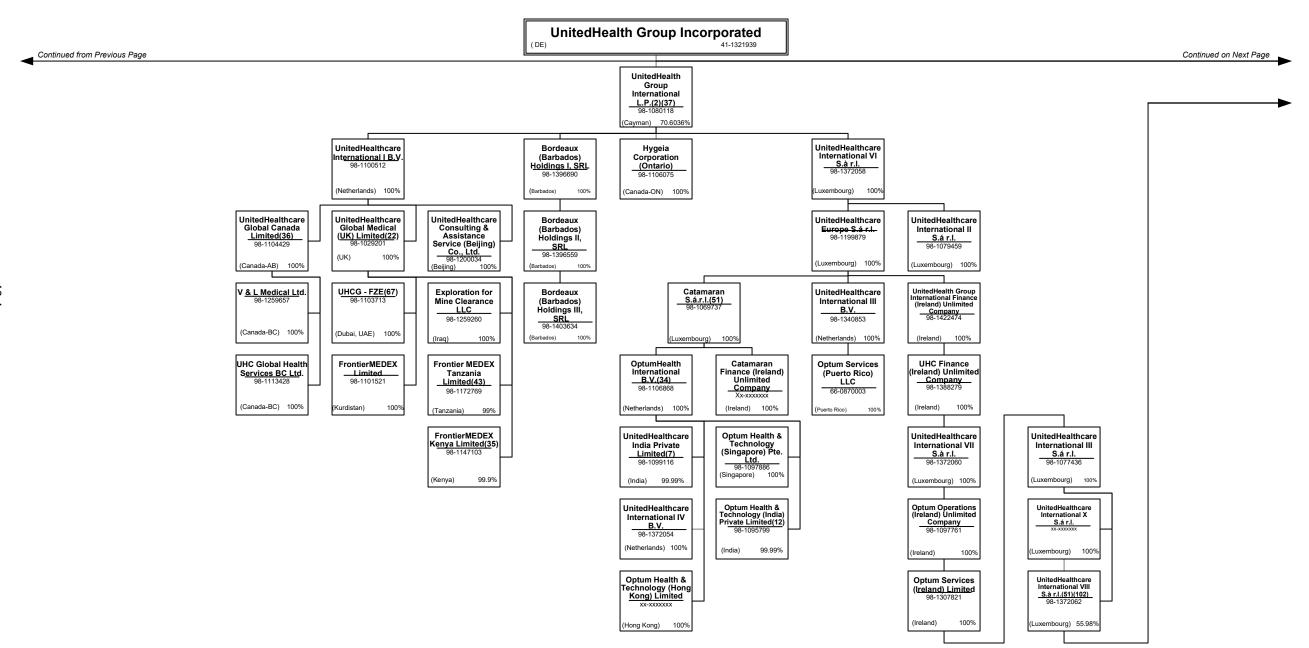
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG...

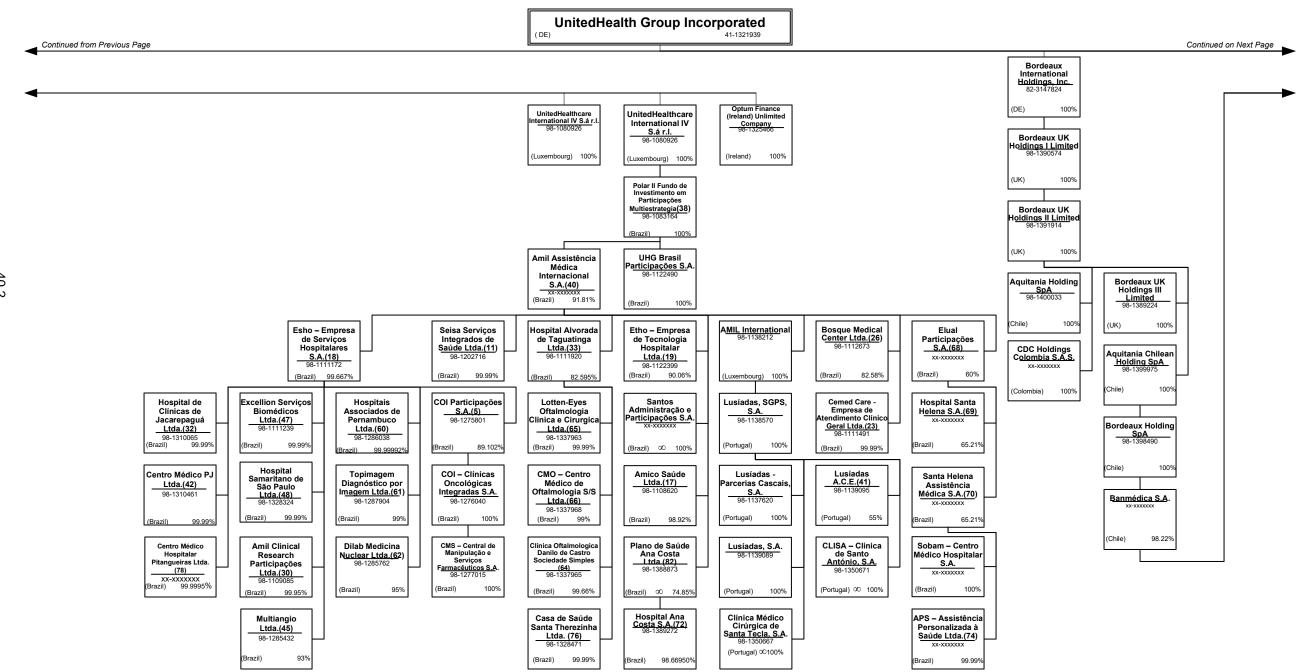
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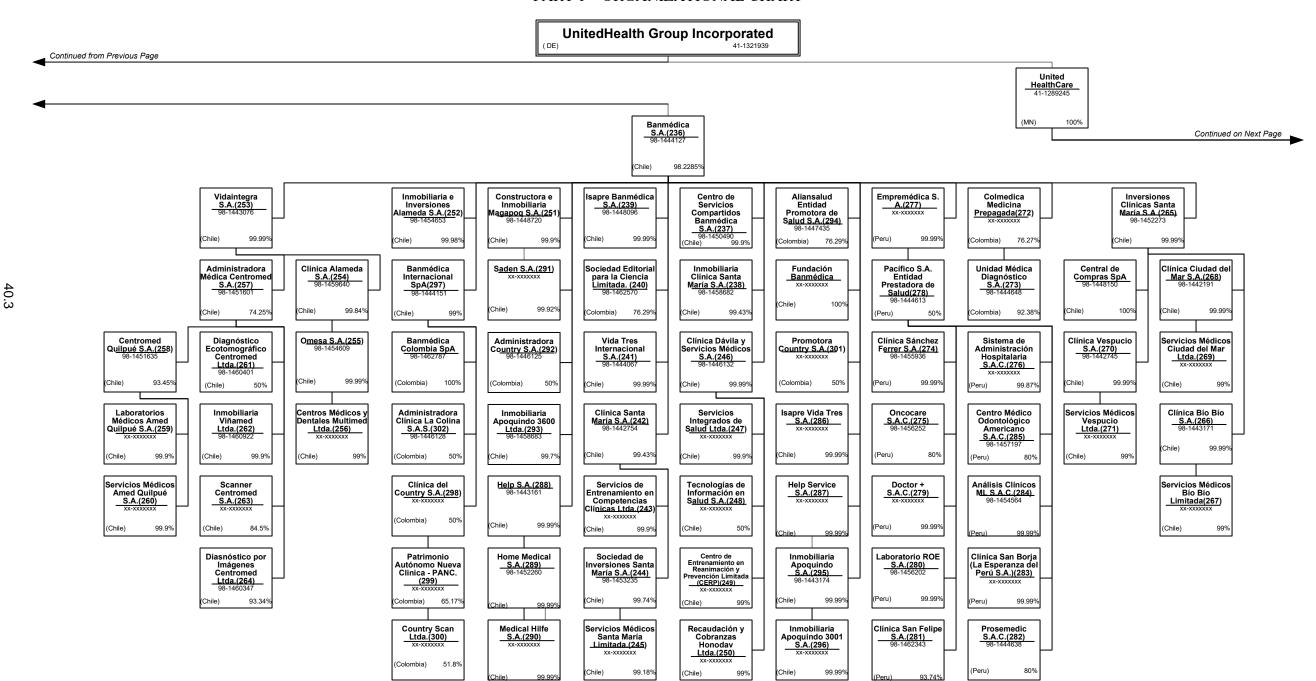
<sup>(</sup>b) Explanation of basis of allocation by states, premiums by state, etc. Premiums allocated by state based upon Geographic Market

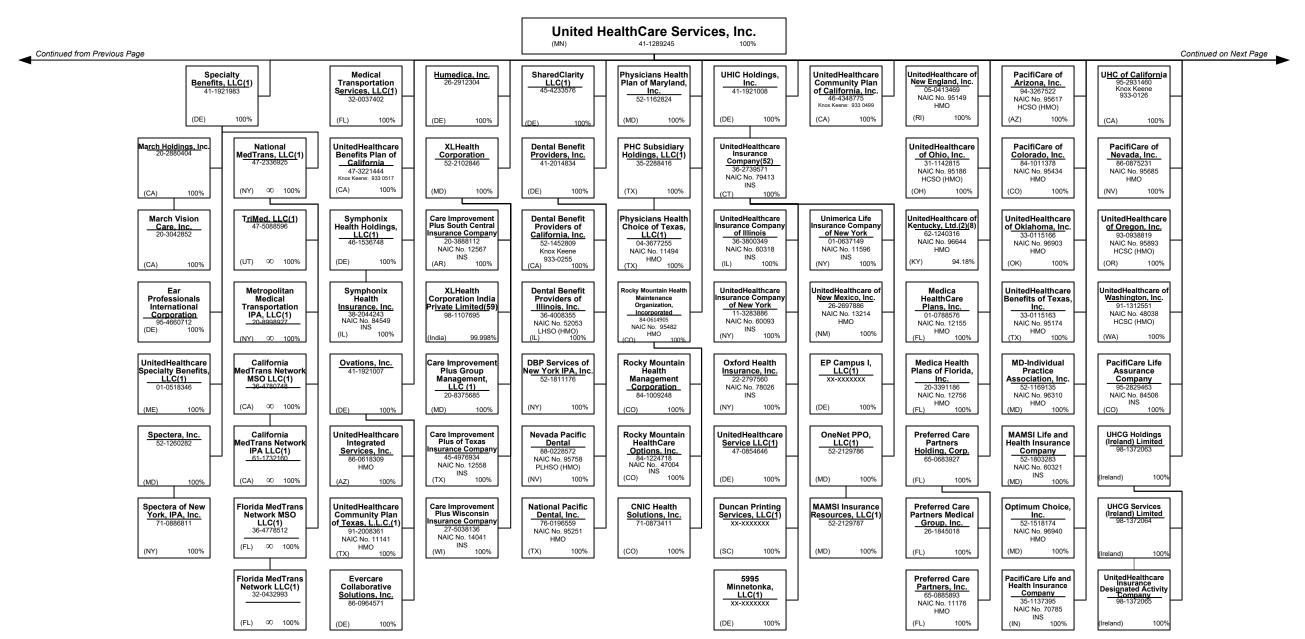
R - Registered - Non-domiciled RRGs... Q - Qualified - Qualified or accredited reinsurer. \_\_\_\_0







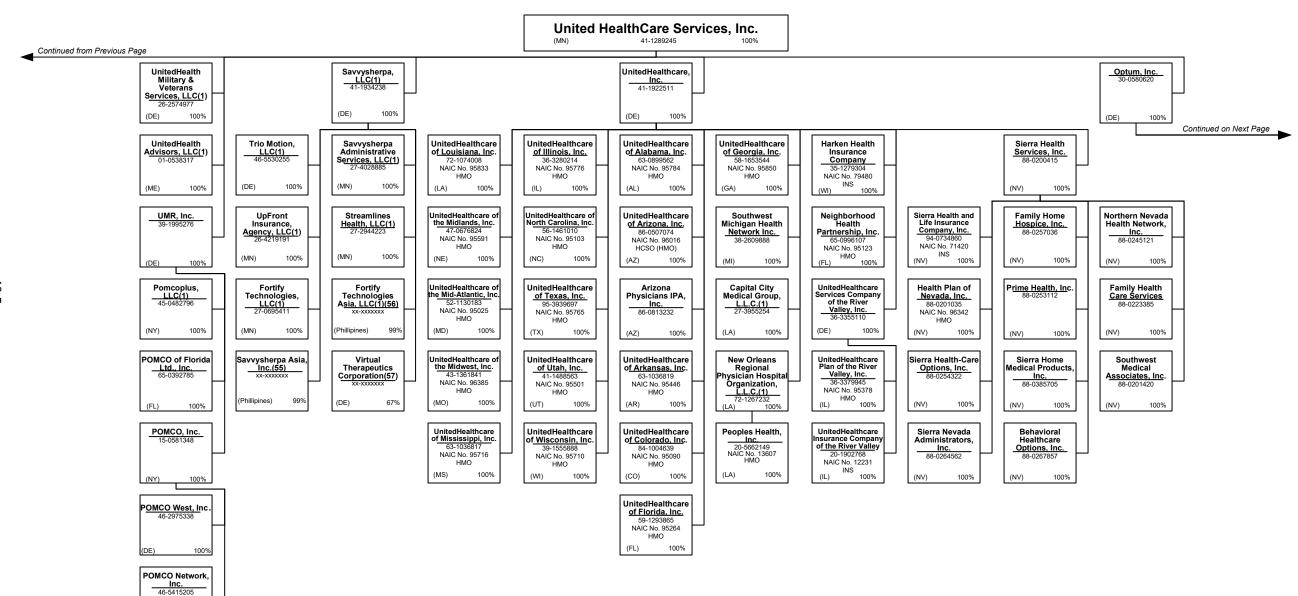


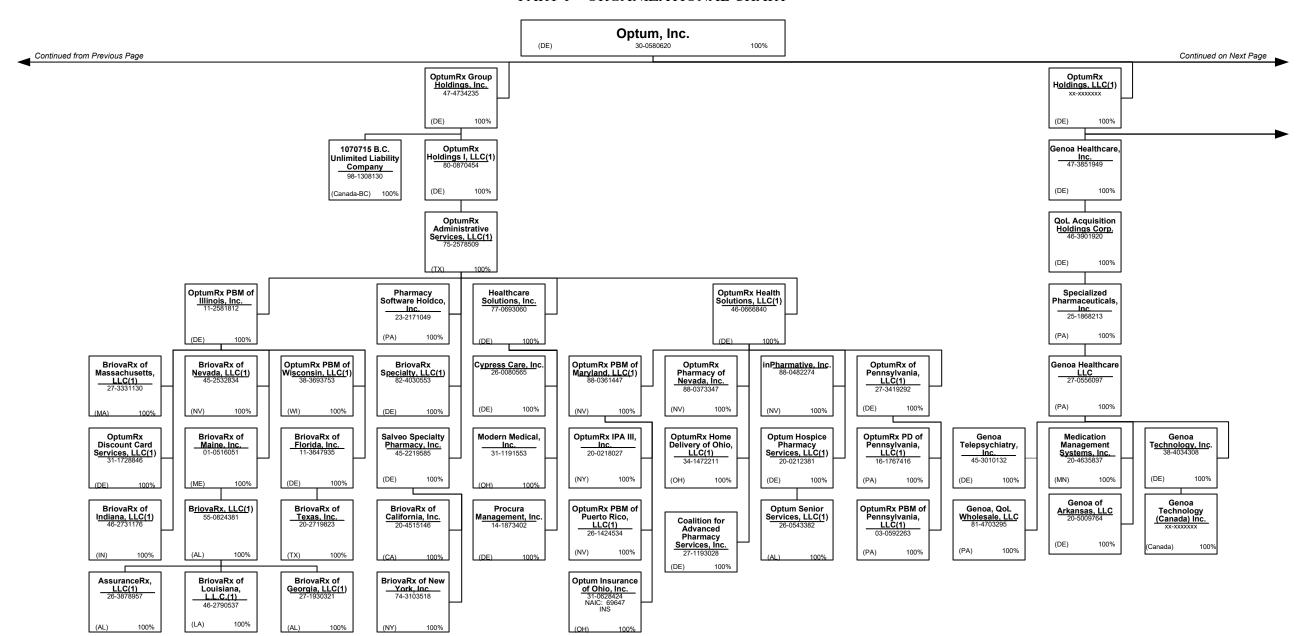


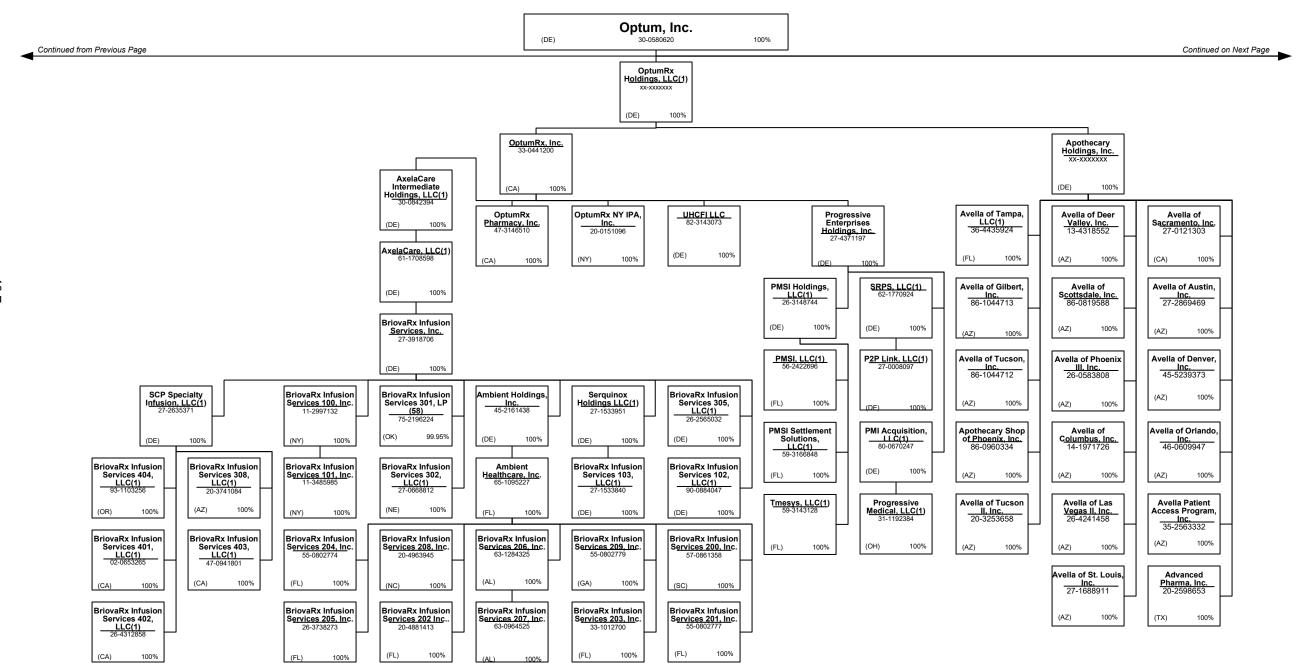
(NY)

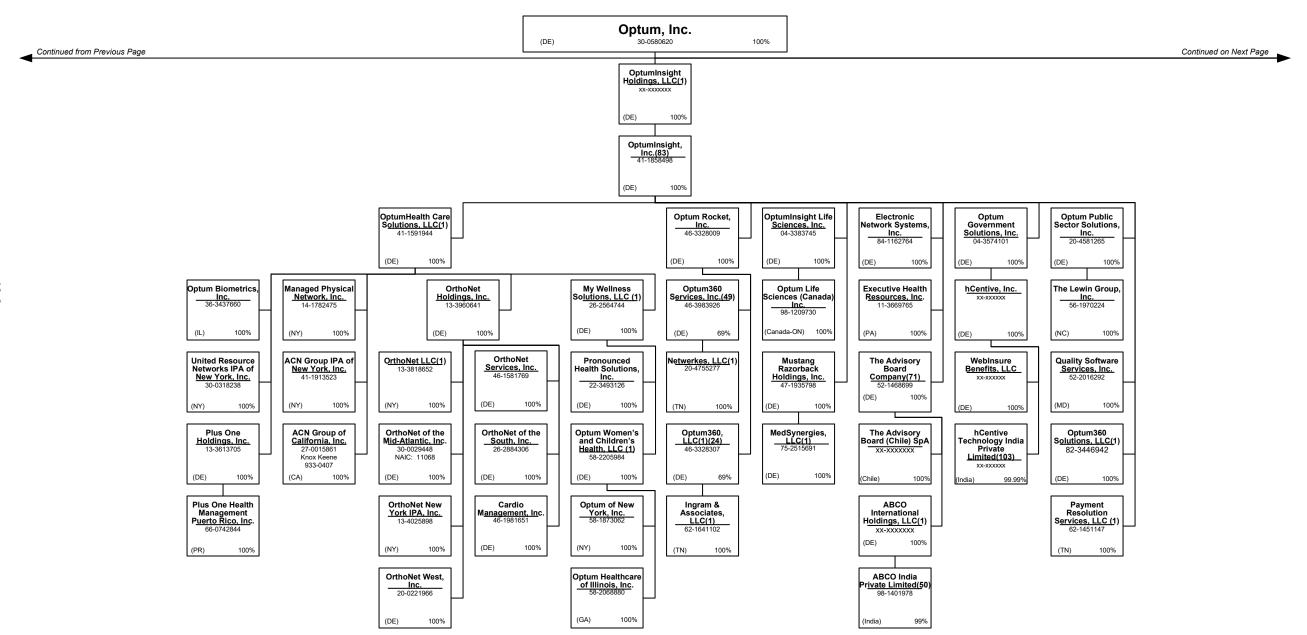
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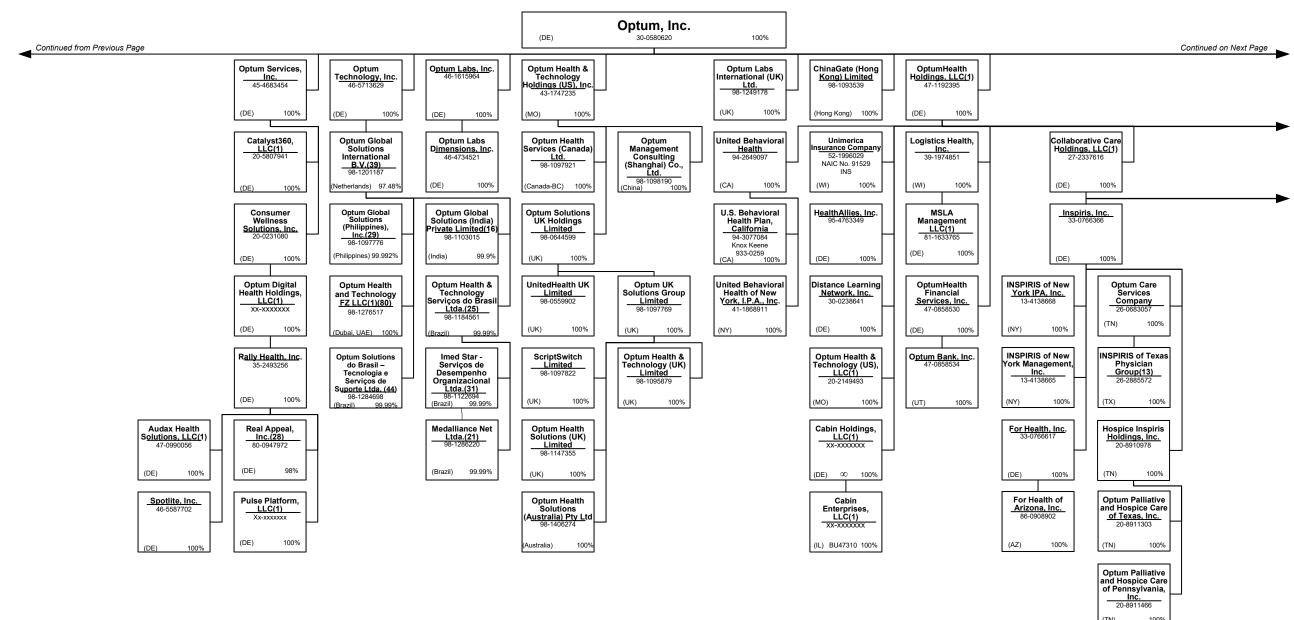
# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

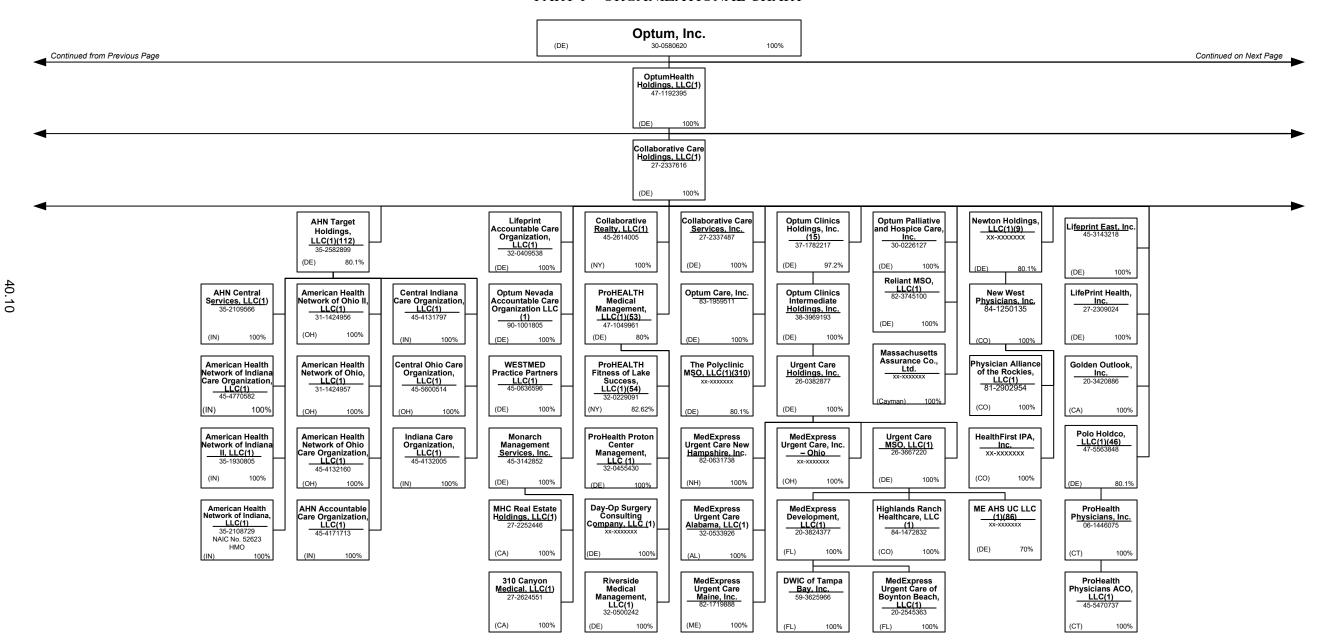


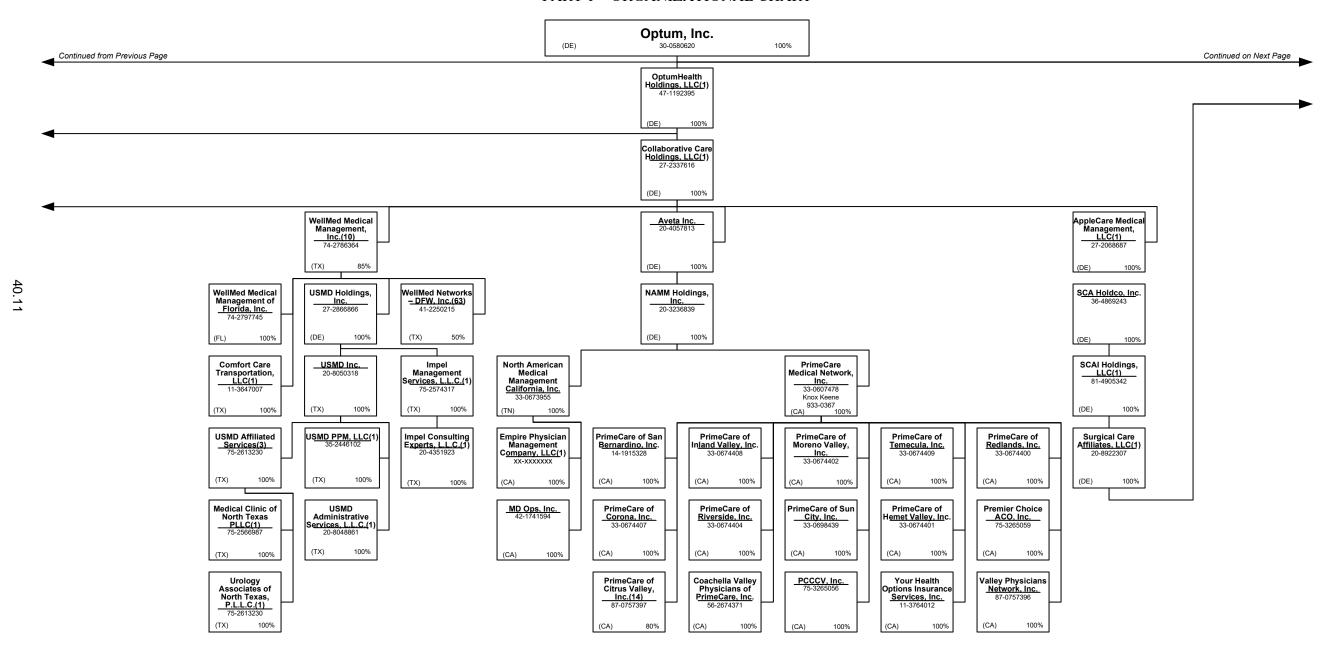


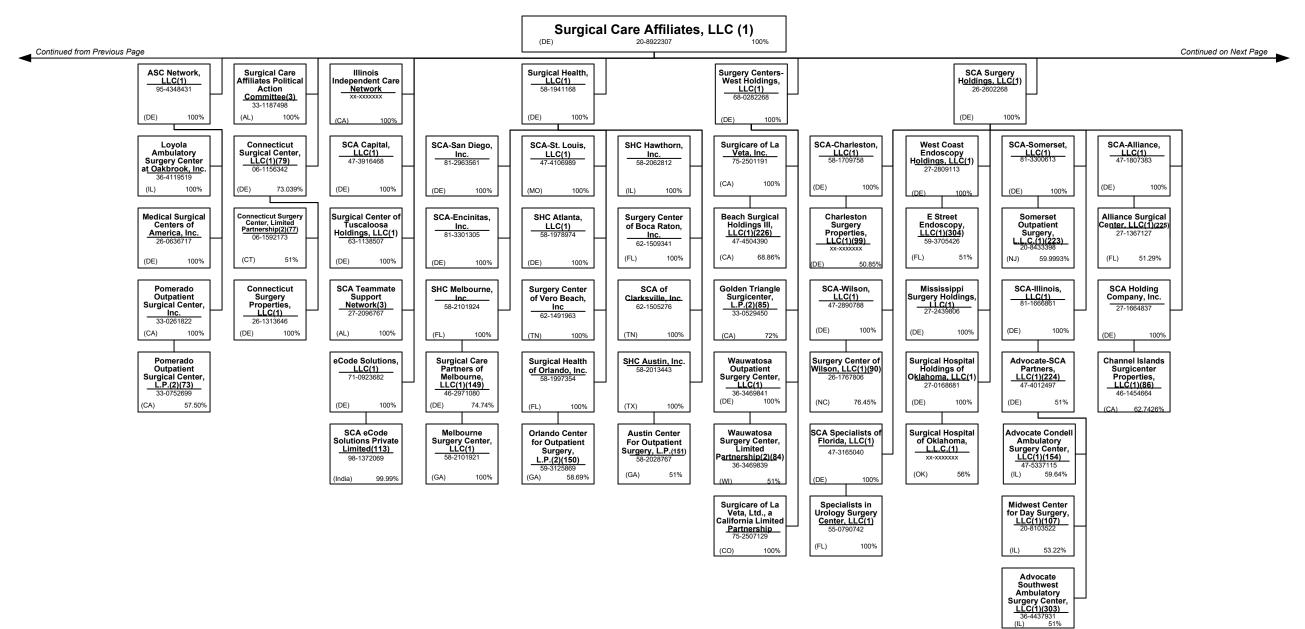


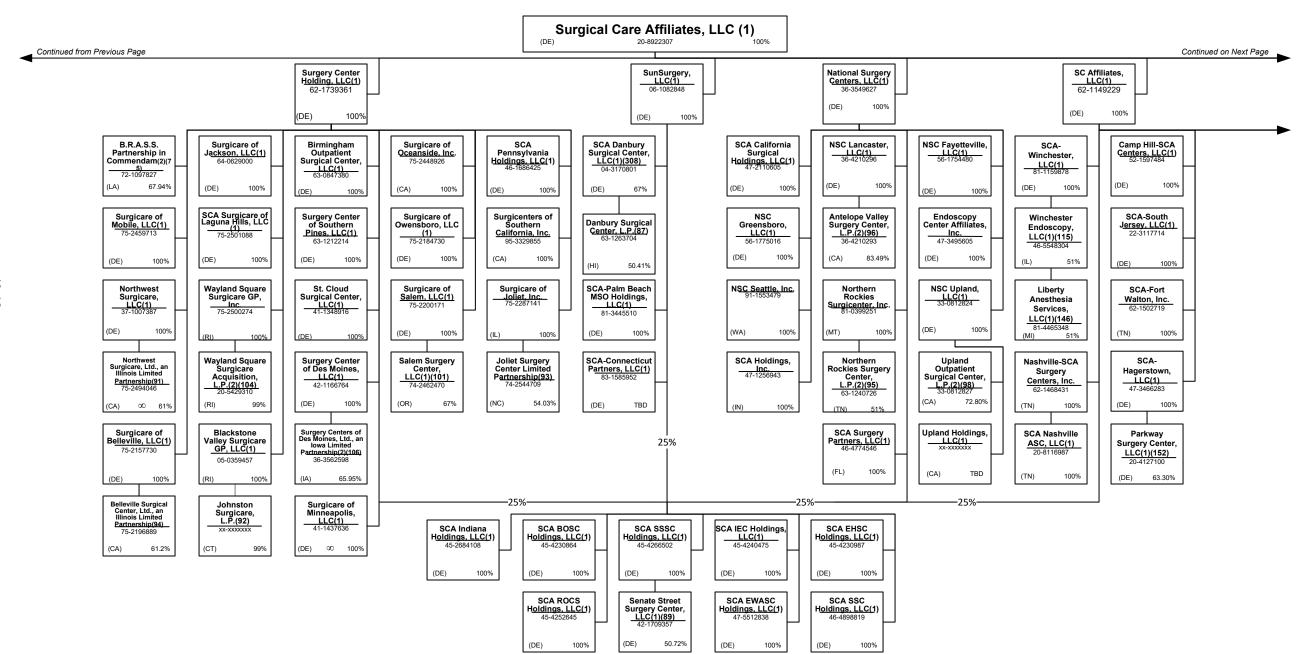






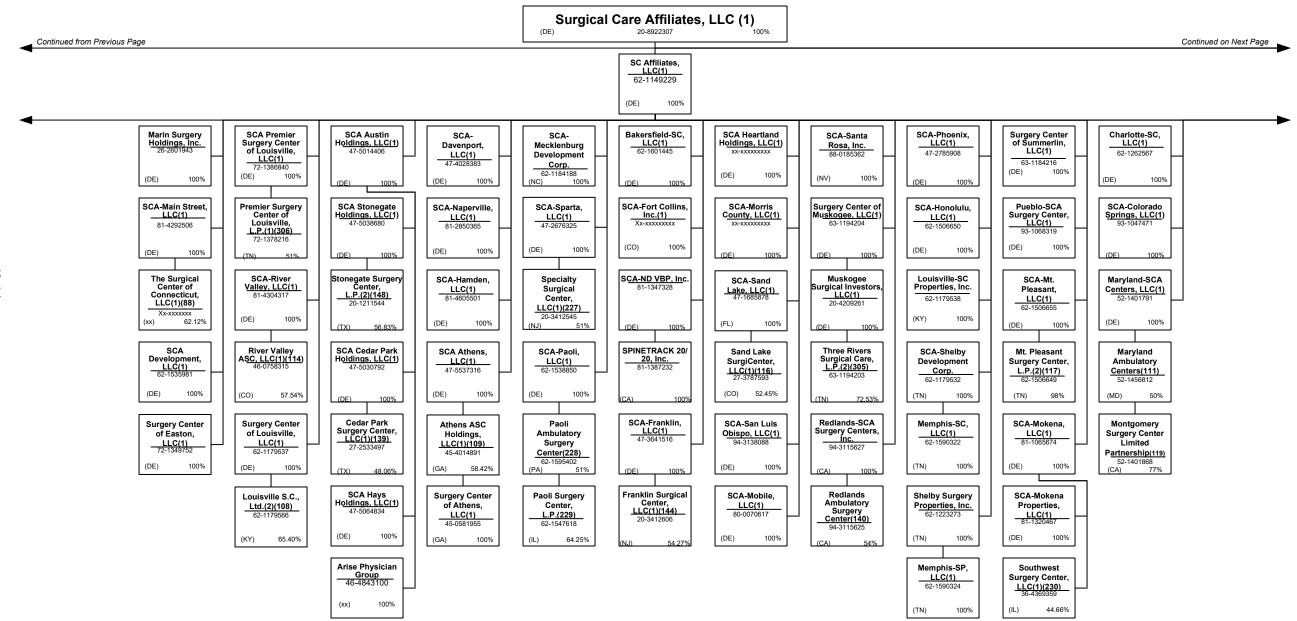


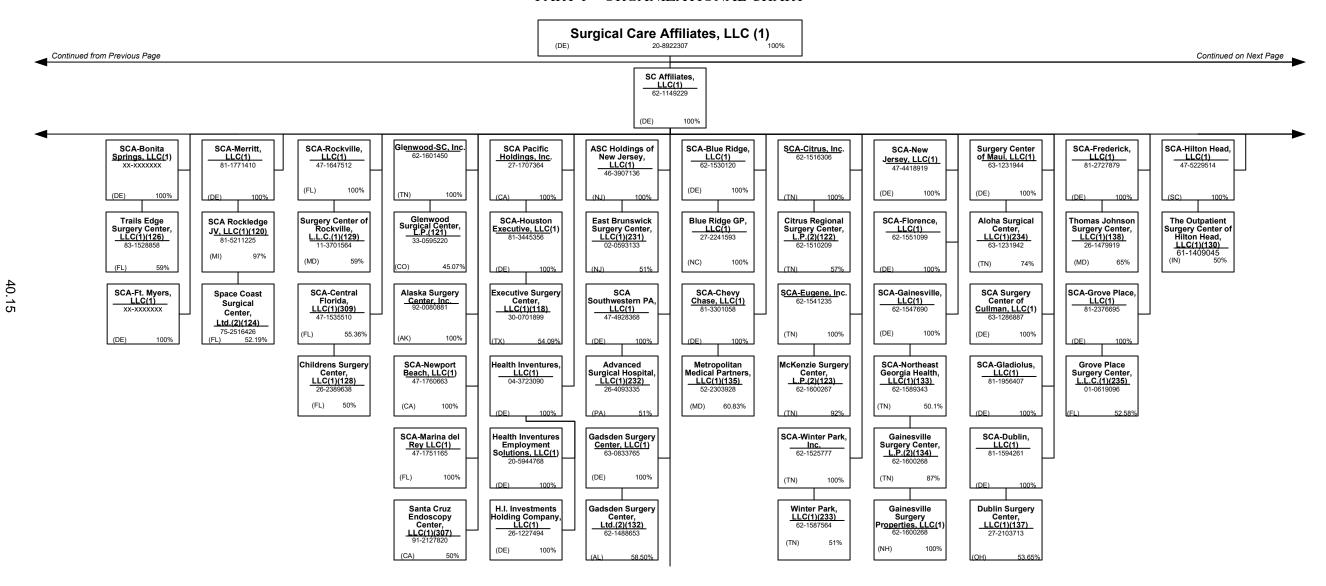


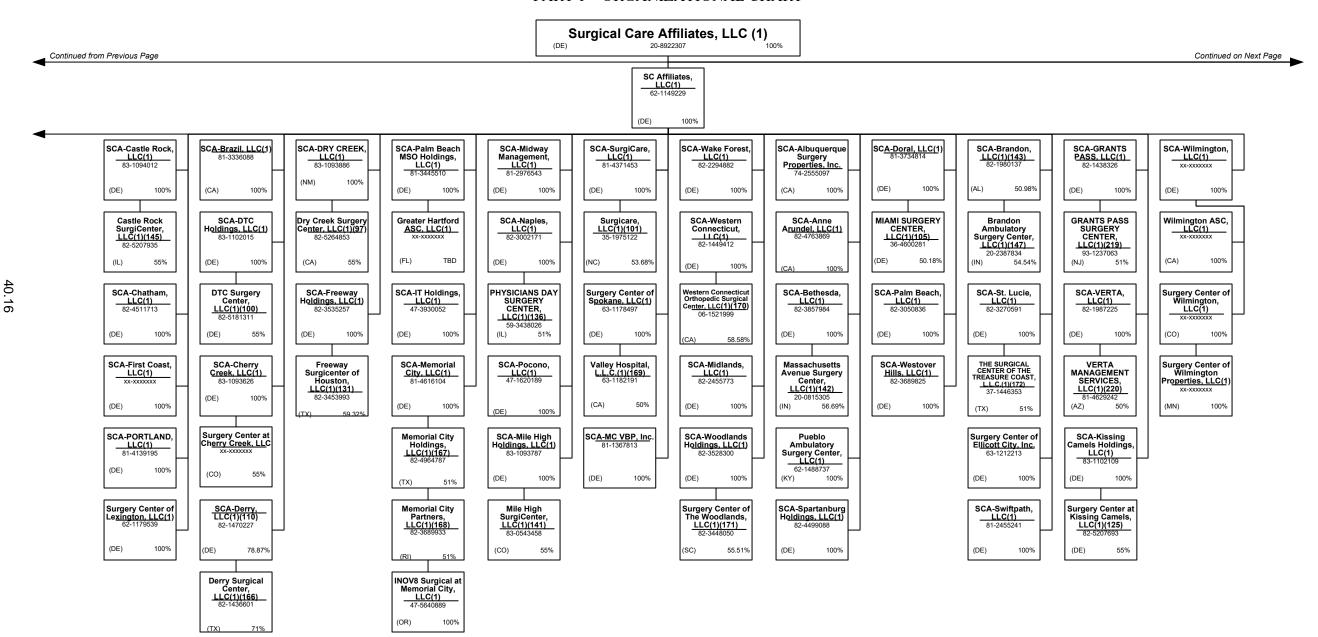


# 40.14

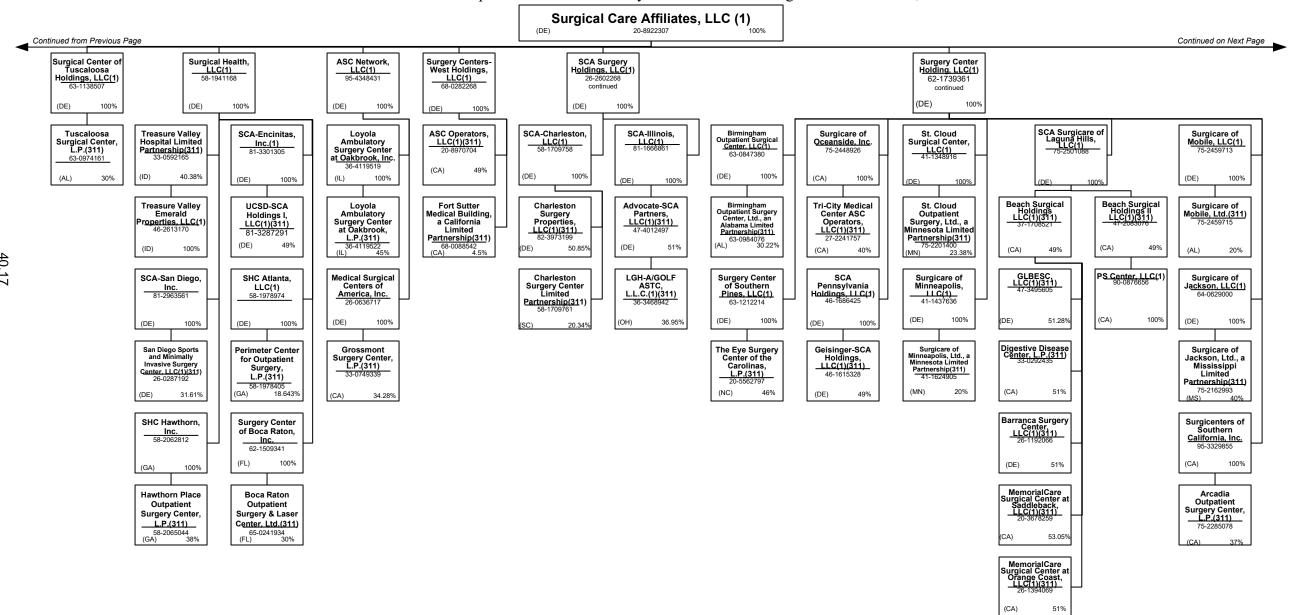
### SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP



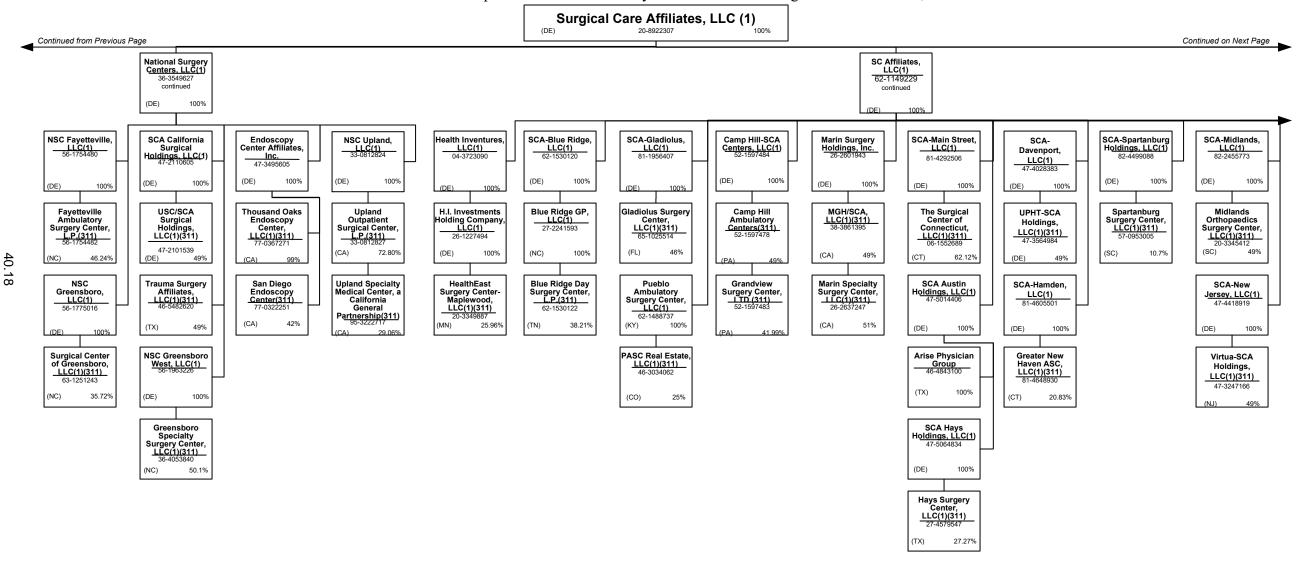




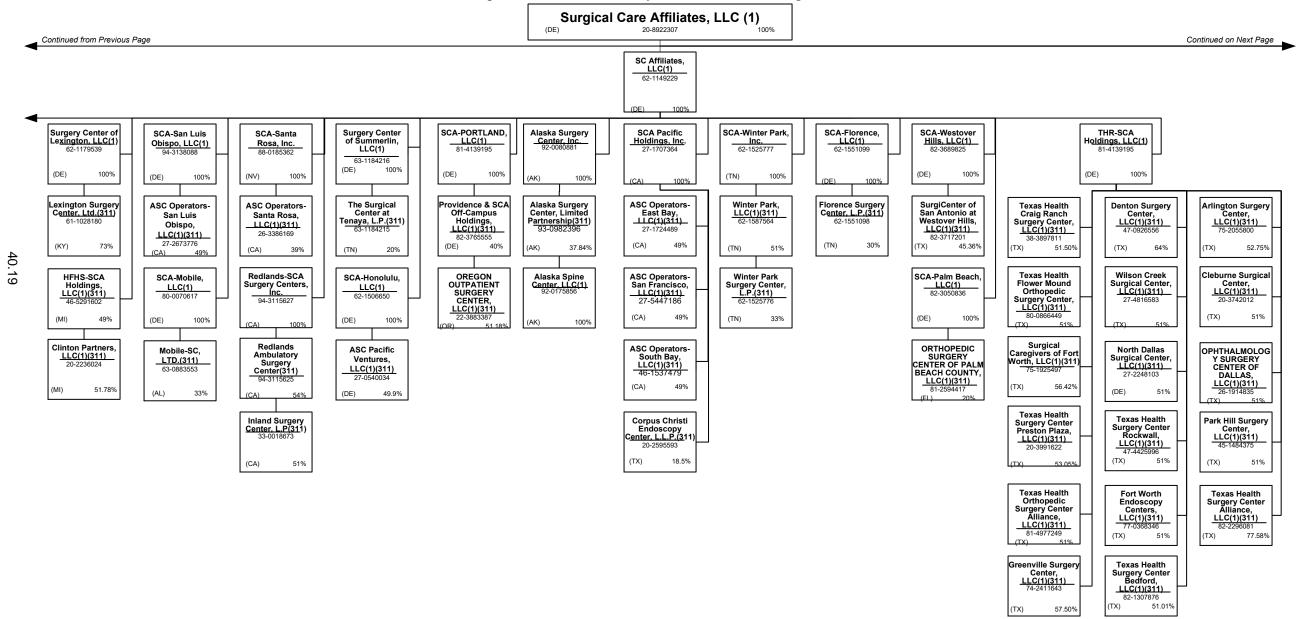
#### PART 1 – ORGANIZATIONAL CHART



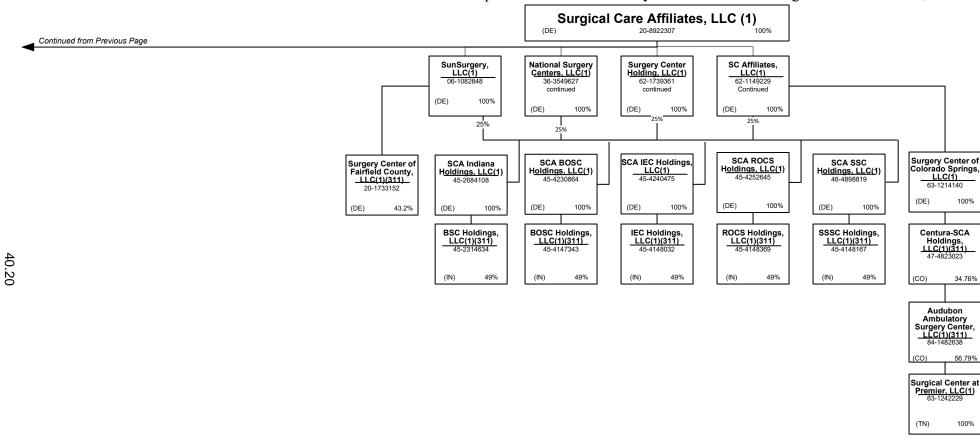
PART 1 – ORGANIZATIONAL CHART



PART 1 – ORGANIZATIONAL CHART



#### PART 1 – ORGANIZATIONAL CHART



#### PART 1 – ORGANIZATIONAL CHART

Physician Owned Entities

	Domiciliary Location	un avenda e	****	Domiciliary Location			Domiciliary	
Name AppleCare Hospitalists Medical Group, Inc.	CA	10 Number 14-1890491	Name  MedExpress Urgent Care – New Jersey, P.C.		1D Number 45-5388778	Name  Monarch HealthCare, A Medical Group, Inc.	CA	33-0587660
				NJ				
AppleCare Medical ACO, LLC	CA	45-2852872	MedExpress Urgent Care - Northern New Jersey PC	NJ	83-2089623	Monarch Hospice, LLC	CA	30-0606451
AppleCare Medical Group St. Francis, Inc.	CA	33-0845269	MedExpress Urgent Care Arizona, P.C.	AZ AR	81-4030280	NAMM Medical Group Holdings, Inc.	CA	56-2627070
AppleCare Medical Group, Inc.	CA	33-0898174	MedExpress Urgent Care Arkansas, P.A.		46-4348120	NAMM MGH, Inc.	CA	61-1627269
Aspectus, Inc.	MA	04-3403101	MedExpress Urgent Care California, P.C.	CA	82-0930142	Optum Clinic, P.A.	TX	75-2778455
Bexar Imaging Center, LLC	TX	22-3858211	MedExpress Urgent Care Connecticut, P.C.	ст	81-1956812	Optum Medical Services of California, P.C.	CA	30-0826311
California Spring Holdings, PC	CA	81-0881243	MedExpress Urgent Care Idaho, P.C.	ID	82-1135336	Optum Medical Services, P.C.	NC	45-3866363
Centers for Family Medicine, GP	CA	33-0483510	MedExpress Urgent Care Illinois, P.C.	IL.	47-4308614	Physician Partners Medical Group, Inc.	CA	30-0516435
Centers for Family Medicine, GP	CA	33-0483510	MedExpress Urgent Care lowa, P.C.	IA	81-5353472	Primary Care Associated Medical Group, Inc.	CA	33-0527335
David Moen, M.D. P.C.	NY		MedExpress Urgent Care Kansas, P.A.	KS	47-1919283	Prime Community Care, Inc.	CA	30-0516440
David R. Ferrell, M.D., P.C.	NV	45-2380022	MedExpress Urgent Care Minnesota P.C.	MN	81-1125396	ProHEALTH Accountable Care Medical Group, PLLC	NY	45-4469117
Day-Op Center of Long Island Inc.	NY		MedExpress Urgent Care Missouri P.C.	MO	47-3132625	ProHEALTH Ambulatory Surgery Center, Inc.	NY	11-3447394
Durable Medical Equipment, Inc.	MA	04-3106404	MedExpress Urgent Care North Carolina, P.C.	NC	81-5138747	ProhEALTH Care Associates LLP	NY	11-3355604
Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725	MedExpress Urgent Care Oregon, P.C.	OR	82-1919436	ProHealth Physicians, P.C.	CT	06-1469068
Greater Phoenix Collaborative Care, P.C.	AZ	27-2337725	MedExpress Urgent Care Rhode Island, P.C.	RI	81-5362765	ProHEALTH Urgent Care Medicine of New Jersey LLP	NJ	47-5661535
Homecare Dimensions of Florida, Inc.	TX		MedExpress Urgent Care South Carolina, P.C.	sc	81-5380706	ProHEALTH Urgent Care Medicine, PLLC	NY	46-1883579
Homecare Dimensions, Inc.	TX		MedExpress Urgent Care Texas, P.A.	TX	47-5147441	Redlands Family Practice Medical Group, Inc.	CA	56-2627067
IN Style OPTICAL, LLC	MA	27-3296953	MedExpress Urgent Care Washington, P.C.	WA	82-2443118	Reliant Medical Group, Inc.	MA	22-2912515
Inland Faculty Medical Group, Inc.	CA	33-0618077	MedExpress Urgent Care Wisconsin, S.C.	WI	81-4281678	Riverside Pediatric Group, P.C.	NJ	22-3624559
Inspiris Medical Services of New Jersey, P.C.	NJ	45-2563134	MedExpress Urgent Care, Inc West Virginia	wv	26-4546400	Robert B. McBeath, M.D. II, P.C.	NV	86-0857176
INSPIRIS of Michigan Medical Services, P.C.	MI	27-1561674	MedExpress Urgent Care, P.C Georgia	GA	47-1804667	Robert B. McBeath, M.D. III, P.C.	NV	
INSPIRIS of New York Medical Services, P.C.	NY	13-4168739	MedExpress Urgent Care, P.C Indiana	IIN	90-0929572	Robert B. McBeath, M.D., Professional Corporation	NV	88-0310956
INSPIRIS of Pennsylvania Medical Services, P.C.	PA		MedExpress Urgent Care, P.C Maryland	MD	45-3461101	Surgical Eye Experts, LLC	MA	
March Vision Care Group, Incorporated	CA	95-4874334	MedExpress Urgent Care, P.C Massachusetts	MA	47-1857908	Surgicare of La Veta, Ltd.	CA	75-2507129
March Vision Care IPA, Inc.	NY	27-3115058	MedExpress Urgent Care, P.C Michigan	MI	46-4793937	TeamMD Physicians, P.C.	IA	30-0445773
Mat-Rx Development, L.L.C.	TX	43-1967820	MedExpress Urgent Care, P.C Oklahoma	OK	47-1824365	Urgent Care New York, P.C.	NY	82-2400620
ME Urgent Care Nebraska, Inc.	NE	81-0936574	MedExpress Urgent Care, P.C Pennsylvania	PA	26-3750502	USMD of Arlington GP, L.L.C.	TX	73-1662757
MedExpress Employed Services, Inc.	DE	81-1265129	MedExpress Urgent Care, P.C Tennessee	TN	45-4973138	Waypoint Minnesota PC	MN	46-2854394
MedExpress Primary Care Arizona P.C.	AZ	81-4550969	MedExpress Urgent Care, P.C Virginia	VA	45-3123110	WellMed Medical Group, P.A.	TX	74-2574229
MedExpress Primary Care Kansas, P.A.	KS	81-4605885	MedExpress Urgent Care, P.S.C Kentucky	KY	83-1565124	WellMed Network of Florida, Inc.	TX	35-2314192
MedExpress Primary Care Maryland, P.C.	MD	82-3384324	MedExpress, Inc. – Delaware	DE	45-5436856	WellMed Networks, Inc.	TX	74-2889447
MedExpress Primary Care Massachusetts, P.C.	MA	82-1096099	Medical Clinic of North Texas, PLLC	TX	75-2566987	WellMed of Las Cruces, Inc.	TX	92-0183013
MedExpress Primary Care Minnesota P.C.	MN	81-4396738	Medical Support Los Angeles, A Medical Corporation	CA	95-4708497	WND Medical, PLLC	TX	45-2158334
MedExpress Primary Care Oklahoma, P.C.	OK	83-1077265	Memorial Healthcare IPA, GP	CA	95-4688463	XLHome Michigan, P.C.	MI	46-3537245
MedExpress Primary Care South Carolina, P.C.	sc	83-0764858	Memorial Healthcare IPA, GP	CA	95-4688463	XLHome Northeast, P.C.	NJ	45-5530241
MedExpress Primary Care Virginia, P.C.	VA	82-3395792	MHCH, Inc.	CA	80-0507474	XLHome Oklahoma, Inc.	OK	46-2931689
MedExpress Primary Care West Virginia, Inc.	wv	82-4401181	Mobile Medical Services, P.C.	NY	30-0445773	XLHome, P.C.	MD	27-3543997
MedExpress Primary Care Wisconsin, S.C.	WI	81-4563448	Monarch Health Plan, Inc.	CA	22-3935634	(00) (00) (00) (00)	1000	

Note: Represents physician-owned entities where the ultimate owner is deemed to have influence over the entity,

#### PART 1 – ORGANIZATIONAL CHART

#### **Notes**

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) COI Participações S.A. is 89.10289% owned by Esho Empresa de Serviços Hospitalares S.A. and 10.8971% owned by COIPAR Participações S.A.
- (6) Health Net Services (Cayman) PIC is a Cayman exempted company registered by way of Continuation from Bermuda to the Cayman Islands. by way of Continuation in the Cayman islands.
- (7) UnitedHealthcare India Private Limited is 99.999335% owned by OptumHealthInternational B.V. and 0.000665% owned by UnitedHealth International, Inc. OptumHealth International BV holds 100% of the issued preference shares.
- (8) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (9) Newton Holdings, LLC, is 80.1% owned by Collaborative Care Holdings, LLC and the remaining 19.9% is owned by outside shareholders.
- (10) WellMed Medical Management, Inc. is 85% owned by Collaborative Care Holdings, LLC and 15% owned by WMG Healthcare Partners, L.P.
- (11) Seisa Serviços Integrados de Saúde Ltda is 99.99% owned by Amil Assistência Médica Internacional S.A. and 0.00001% owned by Cemed Care – Empresa de Atendimento Clinico Geral Ltda.
- (12) Optum Health & Technology (India) Private Limited is 99.9995% owned by OptumHealth International B.V. and 0.0005 % owned by United Behavioral Health.
- (13) INSPIRIS of Texas Physician Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
- (14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
- (15) Optum Clinics Holdings, Inc. is 97.2% owned by Collaborative Care Holdings, LLC and 2.8% is owned by external shareholders.
- (16) Optum Global Solutions (India) Private Limited is 99.999466 % owned by Optum Global Solutions International BV and 0.000534% UnitedHealth International, Inc. as nominee of Optum Global Solutions International BV per India requirement to have two shareholders
- (17) Amico Saúde Ltda. is 98.927933% owned by Amil Assistência Médica Internacional S.A. and 1.072067% owned by Cemed Care – Empresa de Atendimento Clinico Geral Ltda.
- (18) Esho Empresa de Serviços Hospitalares S.A. is 99.667% owned by Amil Assistência Médica Internacional S.A.and the remaining 0.31798923769% is owned by external shareholders and 0.01462081847% is owned by Treasury Shares.
- (19) Etho Empresa de Technologia Hospitalar Ltda. 82.642% owned by Amil Assistência Médica Internacional S.A.and 17.358% owned by an external shareholder.
- (20) Orthology, Inc. is 98% owned by UnitedHealth Group Ventures, LLC and 2% owned by external shareholders.
- (21) Medalliance Net Ltda. is owned 99.999985% by Optum Health & Technology Serviços do Brasil Ltda. and 0.000015% by UHG Brasil Participações S.A.
- (22) Branch offices in Iraq and Uganda.

- (23) Cemed Care Empressa de Atendimento Clínico Geral Ltda. Is 99.9999996% owned by Amil Assistência Médica Internacional S.A. and 0.000004% owned by Esho – Empresa de Serviços Hospitalares S.A.
- (24) Optum 360, LLC is 69% owned by Optum Rocket, Inc; the remaining 31% is owned by external holders.
- (25) Optum Health & Technology Serviços do Brasil Ltda. is 99.9964% owned by Optum Global Solutions International B.V. and .0036% owned by OptumInsight, Inc.
- (26) Bosque Medical Center Ltda. is 82.58% owned by Amil Assistência Médica Internacional S.A.and 17.41182% owned by Esho – Empresa de Servicos Hospitalares S.A.
- (27) H&W Indemnity (SPC), Ltd. is an exempted segregated portfolio company organized under the laws of the Cayman Islands and holds a Cayman insurance license.
- (28) Real Appeal, Inc. is 98% owned by Rally Health, and the remaining 2% is owned by external shareholders.
- (29) Optum Global Solutions (Philippines), Inc. is 99.992% owned by Optum Global Solutions International B.V., and the remaining 0.008% is held by individual shareholders who are directors of the company.
- (30) Amil Clinical Research Participações Ltda. is 99.95% owned by Esho Empresa de Serviços Hospitalares S.A. and 0.05% owned by Cemed Care – Empresa de Atendimento Clinico Geral Ltda.
- (31) Imed Star Serviços de Desempenho Organizacional Ltda. is 99.99998% owned by Optum Health & Technology Serviços do Brasil Ltda and 0.00002% owned by UHG Brasil Participações S.A.
- (32) Hospital de Clínicas de Jacarepaguá Ltda. is 99.99999% owned by Esho Empresa de Serviços Hospitalares S.A. and 0.000001% is owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
- (33) Hospital Alvorada Taguatinga Ltda. is 82.595% owned by Amil Assistência Médica Internacional S.A, 9.90% by Bosque Medical Center Ltda., and 5.06% is owned by Hospital Samaritano de São Paulo Ltda.
- (34) Registered as foreign shareholder in Brazil. Optum Global Solutions International B.V. is held 97.48% by Optum Technology, Inc. and 2.52% by OptumHealth International B.V.
- (35) FrontierMEDEX Kenya Limited is 99.9% owned by UnitedHealthcare Global Medical (UK) Limited and 0.1% owned by UnitedHealthcare International I B.V.
- (36) UnitedHealthcare Global Canada Limited is registered in Nova Scotia and Newfoundland& Labrador.
- (37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (29.39634%), and UnitedHealth Group Incorporated (70.60366%).
- (38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (39) Optum Global Solutions International B.V. is 97.48% owned by Optum Technology, Inc. and 2.52% is owned by OptumHealth International B.V.
- (40) Amil Assistência Médica Internacional S.A. is 91.81% owned by Polar II Fundo de Investimento em Participações and the remaining 8.19% is owned by the former controlling shareholders of Amil Assistência Médica Internacional S.A.
- (41) Lusíadas A.C.E. is 55% owned by Lusíadas, SGPS, S.A., 10% owned by Lusíadas – Parcerias Cascais, S.A., 20% owned by Lusiadas, S.A., 5% owned by Clínica Médico Cirúrgica de Santa Tecla, S.A. and 10% owned by CLISA – Clínica de Santo António. S.A.
- (42) Centro Médico PJ Ltda. is 99.99998% owned by Esho Empresa de Serviços Hospitalares S.A. and 0.00002% is owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.

- (43) Frontier Medex Tanzania Limited is 99% owned by UnitedHealthcare Global Medical (UK) Limited. The remaining 1% is owned by a former officer of Frontier MEDEX Limited and is being transferred to UnitedHealthcare International I BV.
- (44) Optum Solutions do Brasil Tecnologia e Serviços de Suporte Ltda., is 99.999998% owned by Optum Global Solutions International B.V. and 0.00002% owned by OptumInsight, Inc.(45) Multiangio Ltda. is 93% owned by Esho Empresa de Serviços Hospitalares S.A. and the remaining 7% is owned by external shareholders.
- (46) Polo Holdco, LLC is 80.1% owned by Collaborative Care Holdings, LLC and the remaining 19.9% being owned by an outside third party.
- (47) Excellion Serviços Biomédicos Ltda is 99.999997% owned by Esho Empresa de Serviços Hospitalares S.A. and 0.000003% is owned by Cemed Care - Empresa de Atendimento Clínico Geral Ltda.
- (48) Hospital Samaritano de São Paulo Ltda. is 99.9999998% owned by Esho Empresa de Serviços Hospitalares S.A.and the remaining 0.0000002% is owned by Hospital Alvorada Taguatinga Ltda.
- (49) Optum360 Services, Inc.is 69% owned by Optum Rocket, Inc. and the remaining 31% is owned by external investors.
- (50) ABCO India Private Limited is 99% owned by ABCO International Holdings, LLC and 1% owned by The Advisory Board Company.
- (51) Branch office located in the United States.
- (52) UnitedHealthcare Insurance Company has a representative office in Beijing, China.
- (53) ProHEALTH Medical Management, LLC is 80% owned by Collaborative Care Holdings, LLC and 20% owned by an external shareholder.
- (54) ProHEALTH Fitness of Lake Success, LLC is 82.62% owned by ProHEALTH Medical Management, LLC and 17.38% by an external shareholder.
- (55) Savvysherpa Āsia, Inc. is 99% owned by Savvysherpa, LLC and the remaining 1% is owned by a number of individual shareholders.
- (56) Fortify Technologies Asia, LLC is 99% owned by Savvysherpa, LLC and the remaining 1% is owned by a number of individual shareholders.
- (57) Virtual Therapeutics Corporation is 67% owned by Savvysherpa, LLC and the remaining 33.4% is owned by an outside third party.
- (58) BriovaRx Infusion Services 301, LP is 99.95% owned by AxelaCare Holdings, Inc. with the remaining 0.05% interest as a limited partner being held by BriovaRx Infusion Services 305, LLC.
- (59) XLHealth Corporation holds 99.998%, UnitedHealth International, Inc. holds .002%.
- (60) Hospitais Associados de Pernambuco Ltda. is 99.99992% owned by Esho Empresa de Serviços Hospitalares S.A. and the remaining 0.00008% is owned by Hospital Alvorada Taguatinga Ltda
- (61) Topimagem Diagnóstico por Imagem Ltda.is 99% owned by Esho Empresa de Serviços Hospitalares S.A., and the remaining 1% interest is owned by external shareholders.
- (62) Dilab Medicina Nuclear Ltda is 95% owned by Esho Empresa de Serviços Hospitalares S.A. and the remaining 5% is owned by external shareholders.
- (63) WellMed Networks DFW, Inc. is 50% owned by WellMed Networks, Inc. and 50% owned by USMD Inc. WellMed Medical Management, Inc. controls 100% of WellMed Networks DFW.
- (64) Clinica Oftalmologica Danilo de Castro Sociedade Simples is 99.66% owned by Hospital Alvorada de Taguatinga Ltda. and the remaining 0.333333% is owned by Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.
- (65) Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda. is 99.99% owned by Hospital Alvorada de Taguatinga Ltda.and the remaining 0.000012% is owned by Esho – Empresa de Serviços Hospitalares S.A.

#### PART 1 – ORGANIZATIONAL CHART

#### Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (66) CMO Centro Médico de Oftalmologia S/S Ltda. is 99% owned by Hospital Alvorada de Taquatinga Ltda. and the remaining 1% is owned by Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.
- (67) UHCG-FZE is registered in the Dubai Silicon Oasis free zone.
- (68) Elual Participações S.A. is 60% owned by Amil Assistência Médica Internacional S.A. and 40% by Esho - Empresa de Serviços Hospitalares S.A.
- (69) Hospital Santa Helena S.A. is 65.21% owned by Elual Participações S.A. and 33.60% owned by Esho – Empresa de Serviços Hospitalares S.A. and 1.19% is owned by external shareholder
- (70) Santa Helena Assistência Médica S.A. is 65.21% owned by Elual Participações S.A. and the remaining 33.60% is owned by Amil Assistência Médica Internacional S.A. and 1.19% is owned by external shareholder.
- (71) Registered branches in Australia and the UK.(72) Hospital Ana Costa S.A. is 98.66950% owned by Plano de Saúde Ana Costa Ltda..1.04247% by Hospital Alvorada Taquatinga Ltda. and the remaining 0.28802% is owned by external shareholders
- (73) The remaining 42.50% is owned by multiple sources.
- (74) The remaining 0.0001% is owned by Amil Assistência Médica Internacional S.A.
- (75) The remaining 32.06% is owned by multiple sources.
- (76) Hospital Alvorada de Taguatinga Ltda, decreased its ownership in Casa de Saúde Santa Therezinha S.A. from 100% to 99.99%. The remaining 0.000001% is owned by Esho – Empresa de Serviços Hospitalares S.A.
- (77) The remaining 49% is owned by multiple sources.
- (78) The remaining 0.0005% is owned by Hospital Alvorada Taguatinga Ltda.
- (79) The remaining 26.96% is owned by multiple sources.
- (80) Registered in the Dubai Healthcare City free zone.
- (81) UnitedHealthcare International X S.á.r.l. (holds 100% of the common shares, 403,948,524 common shares). UnitedHealthcare International V S.á.r.l. (holds 100% of the preferred shares.
- (82) Plano de Saúde Ana Costa Ltda. is 74.85961% owned by Amil Assistência Médica. Internacional S.A. and the remaining 25.14039% is owned by Santos Administração e Participações S.A.
- (83) OptumInsight, Inc. is registered as foreigh shareholders in Brazil.
- (84) The remaining 49% is owned by multiple sources.
- (85) The remaining 28% is owned by multiple sources.
- (86) The remaining 37.26% is owned by multiple sources.
- (87) The remaining 49.59% is owned by multiple sources.
- (88) The remaining 37.88% is owned by multiple sources.
- (89) The remaining 49.28% is owned by multiple sources..
- (90) The remaining 23.55% is owned by multiple sources.
- (91) The remaining 39% is owned by multiple sources.
- (92) The remaining 1% is owned by multiple sources.
- (93) The remaining 45.97% is owned by multiple sources.
- (94) The remaining 38.80% is owned by multiple sources.
- (95) The remaining 49% is owned by multiple sources.
- (96) The remaining 16.51% is owned by multiple sources.
- (97) The remaining 45% is owned by multiple sources. (98) The remaining 27.20% is owned by multiple sources.
- (99) The remaining 49.15% is owned by multiple sources.
- (100) The remaining 45% is owned by multiple sources.
- (101) The remaining 33% is owned by multiple sources.

- (102) UnitedHealthcare International X S.á.r.l. (holds 100% of the common shares. 403.948.524 common shares).
  - UnitedHealthcare International V S.á.r.I. (holds 100% of the preferred shares.
- (103) The remaining 0.01% is owned by an individual shareholder.
- (104) The remaining 1% is owned by multiple sources.
- (105) The remaining 49.82% is owned by multiple sources.
- (106) The remaining 32.05% is owned by multiple sources.
- (107) The remaining 46.77% is owned by multiple sources.
- (108) The remaining 34.6% is owned by multiple sources.
- (109) The remaining 41.58% is owned by multiple sources.
- (110) The remaining 21.13% is owned by multiple sources.
- (111) The remaining 50% is owned by multiple sources.
- (112) The remaining 19.9% is owned by Nineteen. Nine Holdings, LLC.
- (113) The remaining 0.01% is owned by an individual shareholder.
- (114) The remaining 42.46% is owned by multiple sources.
- (115) The remaining 49% is owned by multiple sources.
- (116) The remaining 47.55% is owned by multiple sources.
- (117) The remaining 2% is owned by multiple sources.
- (118) The remaining 45.91% is owned by multiple sources.
- (119) The remaining 23% is owned by multiple sources.
- (120) The remaining 3% is owned by multiple sources.
- (121) The remaining 54.93% is owned by multiple sources.
- (122) The remaining 43% is owned by multiple sources.
- (123) The remaining 8% is owned by multiple sources. (124) The remaining 47.81% is owned by multiple sources.
- (125) The remaining 45% is owned by multiple sources.
- (126)The remaining 41% is owned by multiple sources.
- (127) The co-founders of Pacifica Labs, Inc. own the remaining 14.21%.
- (128) The remaining 50% is owned by multiple sources.
- (129) The remaining 41% is owned by multiple sources.
- (130) The remaining 50% is owned by multiple sources.
- (131) The remaining 40.68% is owned by multiple sources.
- (132) The remaining 51.50% is owned by multiple sources.
- (133) The remaining 49.9% is owned by multiple sources.
- (134) The remaining 13% is owned by multiple sources.
- (135) The remaining 39.17% is owned by multiple sources.
- (136) The remaining 49% is owned by multiple sources.
- (137) The remaining 46.34% is owned by multiple sources.
- (138) The remaining 35% is owned by multiple sources.
- (139) The remaining 48.06% is owned by multiple sources.
- (140) The remaining 46% is owned by multiple sources.
- (141) The remaining 45% is owned by multiple sources.
- (142) The remaining 43.31% is owned by multiple sources.
- (143) The remaining 49.02% is owned by multiple sources.
- (144) The remaining 45.73% is owned by multiple sources.
- (145) The remaining 45% is owned by multiple sources.
- (146) The remaining 27.47% is owned by multiple sources. (147) The remaining 45.46% is owned by multiple sources.
- (148) The remaining 43.16% is owned by multiple sources.
- (149) The remaining 23,26% is owned by multiple sources.
- (150) The remaining 41.30% is owned by multiple sources. (151) The remaining 49% is owned by multiple sources.
- (152) The remaining 36.7% is owned by multiple sources.

- (153) The remaining 26.96% is owned by multiple sources.
- (154) The remaining 40.35% is owned by multiple sources (155-165) TBD
- (166) The remaining 29% is owned by multiple sources.
- (167) The remaining 49% is owned by multiple sources.
- (168) The remaining 49% is owned by multiple sources.
- (169) The remaining 50% is owned by multiple sources.
- (170) The remaining 40.41% is owned by multiple sources.
- (171) The remaining 44.49% is owned by multiple sources. (172) The remaining 49% is owned by multiple sources.
- (173-218) TBD
- (219) The remaining 49% is owned by multiple sources.
- (220) The remaining 50% is owned by multiple sources.
- (221) Hygeia Corporation, a Delaware corporation, acquired a 1.28978% ownership interest in FMG Holdings LLC, a Delaware limited liability company.
- (223) The remaining 40% is owned by multiple sources.
- (224) The remaining 49% is owned by multiple sources.
- (225) The remaining 48.7% is owned by multiple sources.
- (226) The remaining 31.14% is owned by multiple sources.
- (227) The remaining 49% is owned by multiple sources.
- (228) The remaining 49% is owned by multiple sources.
- (229) The remaining 35.75% is owned by multiple sources.
- (230) The remaining 55.33% is owned by multiple sources.
- (231) The remaining 49% is owned by multiple sources.
- (232) The remaining 49% is owned by multiple sources.
- (233) The remaining 49% is owned by multiple sources.
- (234) The remaining 26% is owned by multiple sources.
- (235) The remaining 47.42% is owned by multiple sources
- (236) The remaining 1.77% is owned by external shareholders.
- (237) The remaining 0.1% is owned by Inversiones Clínicas Santa María S.A.
- (238) Minority ownership is held by thid party shareholders. Corporate name is Inmobiliaria Santa María S.A.
- (239) The remaining 0.0001% is owned by Clínica Dávila y Servicios Médicos S.A.
- (240) Constructora Inmobiliaria Megapog S.A owns 1 share.
- (241) The remaining 0.0001% is owned by Saden S.A.
- (242) Minority ownership is held by several third party shareholders.
- (243) In acordance to a capital increase executed on 2018, Clínica Santa María S.A. owns 99,9% of the shares. Minority ownership is held by Sociedad de Inversiones Santa
- (244) The remaining 0.2569% is owned by Clínica Dávila y Servicios Médicos S.A.
- (245) The remaining 0.8238% is owned by Clínica Santa María S.A.
- (246) The remaining 0.009% is owned by Clínica Santa María S.A.
- (247) The remaining 0.10% is owned by Clínica Santa María S.A.
- (248) The remaining 50% is owned by Clínica Santa María S.A.
- (249) The remaining 1% is owned by Servicios Integrados de Salud Ltda. (250) The remaining 1% is owned by Servicios Integrados de Salud Ltda.
- (251) The remaining 0.1% is owned by Inmobiliaria Apoquindo 3600 Ltda.
- (252) The remaining 0.02% is owned by Saden S.A.
- (253) The remaining 0.0001% is owned by Saden S.A.
- (254) The remaining 0.159% is owned by Saden S.A.
- (255) The remaining 0.01% is owned by Saden S.A.
- (256) The remaining 0.01% is owned by Clínica Dávila y Servicios Médicos S.A.
- (257) The remaining 25.75% is owned by several third party shareholders.
- (258) The remaining 6.55% is owned by third party shareholders.
- (259) The remaining 0.1% is owned by Servicios Amed Quilpué S.A.

#### PART 1 – ORGANIZATIONAL CHART

#### **Notes**

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (260) The remaining 0.1% is owned by Laboratorios Médicos Amed Quilpué S.A.
- (261) The remaining 50% is owned by Gorki Osorio Vargas (25%) and Danilo Valderrama Torrealba (25%).
- (262) The remaining 0.1% is owned by Simón Sacks Link.
- (263) The remaining 15.5% is owned by third pary shareholders.
- (264) The remaining 6,66% is owned by Centromed Quilpué S.A.
- (265) The remaining 0.000065% is owned by Clínica Dávila y Servicios Médicos S.A.
- (266) The remaining 0.0001% is owned by Banmédica S.A.
- (267) The remaining 1% is owned by Saden S.A.
- (268) The remaining 0.0001% is owned by Banmédica S.A.
- (269) The remaining 1% is owned by Saden S.A.
- (270) The remaining 0.0001% is owned by Banmédica S.A.
- (271) The remaining 1% is owned by Saden S.A.
- (272) Inmobiliaria Megapoq S.A owns 1 share (0,0000%)
- (273) The remaining 7.62% is owned by Banmédica Colombia S.A. (7.619%), Juan Guillermo Ruiz (0.000142%) and Servicios Legales Corporativos Ltda. (0.000142%).
- (274) No information of the minority shareholder(s) has been provided.
- (275) No information of the minority shareholder(s) has been provided.
- (276) No information of the minority shareholder(s) has been provided.
- (277) No information of the minority shareholder(s) has been provided.
- (278) The other shareholder, with the other 50% is El Pacífico-Peruano Suiza Compañía de Seguros y Reaseguros S.A., part of the Credicorp Group
- (279) No information of the minority shareholder(s) has been provided.
- (280) No information of the minority shareholder(s) has been provided.
- (281) No information of the minority shareholder(s) has been provided.
- (282) No information of the minority shareholder(s) has been provided.
- (283) No information of the minority shareholder(s) has been provided.
- (284) No information of the minority shareholder(s) has been provided.
- (285) No information of the minority shareholder(s) has been provided.
- (286) The remaining 0.0001% is owned by Clínica Dávila y Servicios Médicos S A
- (287) The remaining 0.00004% is owned by Saden S.A.
- (288) The remaining 0.00004% is owned by Saden S.A.
- (289) The remaining 0.0017% is owned by Saden S.A.
- (290) The remaining 0.0001% is owned by Saden S.A.
- (291) The remaining 0.08% is owned by Clínica Dávila y Servicios Médicos S.A.
- (292) TBD
- (293) No information of the other shareholder(s) has been provided.
- (294) The remaining 0.3% is owned by Inmobiliaria Apoquindo 3001 S.A.

- (294) Inmobiliaria Megapoq S.A owns 1 share (0,0000%)
- (295) The remaining 0.0001% is owned by Saden S.A.
- (296) The remaining 0.0008% is owned by Vida Tres Internacional S.A.
- (297) The remaining 0.01% is owned by Saden S.A.
- (298) Currently undergoing a liquidation procedure
- (299) No information of the other shareholder(s) has been provided
- (300) No information of the other shareholder(s) has been provided
- (301) Banmédica S.A. owns 9.67% and Promotora del Country S.A. (Colombia) owns 0.23%. This Patrimony has two business units (Conuntry and Hill).
- (302) The remaining 49.2% is owned by third party shareholders.
- (303) The remaining 49% is owned by multiple sources.
- (304) The remaining 49% is owned by multiple sources
- (305) The remaining 27.47% is owned by multiple sources
- (306) The remaining 49% is owned by multiple sources
- (307) The remaining 50% is owned by multiple sources.
- (308) The remaining 33% is owned by multiple sources.
- (309) The remaining 44.64% is owned by multiple sources.
- (310) The remaining 19.9% is owned by an external third party.
- (311) This entity is a minority-owned entity for which the ultimate owner, UnitedHealth Group, Inc., is deemed to have influence over the entity. The remaining ownership is by a non-affiliated entity or entities.

# ANNUAL STATEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Community Plan, Inc.

# **OVERFLOW PAGE FOR WRITE-INS**

Addition	al Write-ins for Underwriting and Investment Exhibit P	art 3 Line 25				
		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
2504.	Miscellaneous Losses	989	810	(13,033)	0	(11,234)
2505.	Professional Fees\Consulting	280,749	230,034	742,744	0	1,253,527
2506.	Sundry General Expenses	1,787,479	1,141,265	3,687,387	0	6,616,131
2597.	Summary of remaining write-ins for Line 25 from					
	overflow page	2,069,217	1,372,109	4,417,098	0	7,858,424

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